



RM Checklist | Client Version

IMPORTANT: Please read the first 2 pages before entering the session with your physiotherapist.

Summary:

The following checklist is an advanced and comprehensive decision making process for solving pain and injury. The purpose of this checklist is to facilitate the most rapid and complete solution possible with a thorough, individual approach, while minimising the chance of any important factors being missed.

The role of the client is to actively participate in this process, to learn the significant factors that contribute to your pain/injury condition, and to discover what is required to most rapidly fix your condition, while also learning how to prevent recurrence.

In a small percentage of cases a Plan B may be the most appropriate management, and when this is the case it can typically be indicated within 60 to 150 minutes. i.e. your RM practitioner either fixes you or will help to find someone that should be able to fix you.

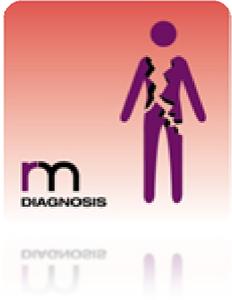
Optimal success requires a one-step-at-a-time approach, and ensuring that each step is completed fully before moving on to the next. With the majority of conditions are solved, significant results and the answer to “what should fix my condition”, can be achieved within 60-120 minutes of assessment and treatment time (RM Diagnosis). Following this full-function pain-free is typically achieved with a further 30-180 minutes of treatment (RM Fix).

Solutions are best achieved when there is minimal delay between completing all the step of the checklist (i.e. multiple sessions in one day or on consecutive days)

The next page is a summary of the Ridgway Method checklist, please read this now.

From page 3 onwards is the detailed, step-by-step Ridgway Method checklist. Your physiotherapist will take you through each of the steps. You are welcome to read ahead to learn more about the process.

The **Ridgway Method** Difference



Interview/Explain the Process

- What can we help you with?
- What would you consider a 'good result?'

Diagnose (and treat) any 'cautious conditions'

- These WILL limit/prevent us from reaching your 'Good Result' if not treated first
- Examples may include nerve root irritations, severe ligament sprains, general health concerns

Assess ALL possible contributing factors to YOUR problem

- Extremely thorough assessment of all muscles, joints, movements, flexibility, psychological influences
- We leave 'no stone unturned'!

Find the most effective treatment (Your PCF)

- Thorough testing PROVES the treatment that will solve your condition (your PCF), by achieving a 30-50% immediate gain when the best treatment is found

Standard Approach

- May need to be taken in ~5% of cases

- May include scans, referral to another health professional, slower 'textbook' treatment



Continue Treatment until we achieve full function, pain-free!

- Re-assessments measure the effectiveness of treatment
- Progress is charted to predict how long and how many sessions are required
- We achieve your 'good result' that was stated in the initial session
- Progression of treatment also achieves performance enhancement

Learn how to remain full function, pain-free!

- Strategies are taught to minimise strain, and therefore minimise risk of reoccurrence



Tune Ups – Every 4th Appointment is Half Price!

- Keeping you in great shape!
- Prevention is better than a cure
- We test and confirm your good self-management
- Treat any re-accumulation of strain
- Progress self-management strategies, and continue performance enhancement

1 Introductions

Plus, “Have you received treatment/physio before?” “How did you hear about us?”

2 Client Interview

1. “What is your MAIN problem, which you would be most satisfied with if you had fixed first?”
2. “What is the main function this problem limits?”
3. “How is your general health? Do you have other illnesses? Take medications? Survived cancer? Scans/X-Ray/tests?”
4. “In your own words, considering everything you are going through, including time and expense, what do you consider is a Good Result?”

RM practitioners understand the disruptions in life when pain-free function and optimal performance are interfered with, including the inconveniences of attending physiotherapy. The RM problem-solving process aims to minimise disruptions in life and tailor’s a plan for the most rapid attainment of each Good Result, while also saving costs in the long run.

“I would like to hear more about your history as we go. I would like to get started with problem solving to achieve your Good Result”, or “If it’s important to you to explain more of your history now, then I am here for you, we have 25 minutes remaining in this session, I will start the problem solving when you are ready”

Reassurance: the RM problem-solving process applies to all musculoskeletal pain/symptoms/injuries. The process may appear different to other approaches, and this is to be expected for very different, more rapid results.



RM Diagnosis | The RM diagnosis consists of two parts 1. Testing for and/or fixing conditions of caution 2. A process to solve the underlying cause of the pain and injury | These parts typically require 60 to 120 minutes of assessment and treatment time with your RM practitioner

3 Explanation of the process to achieve your good result

“I am going to take you through a process that involves assessing your whole body, to most efficiently help you achieve [your Good Result], and solve the underlying cause to your condition”
 “As I take you through these steps [see the RM Flowchart] I’ll explain what I find and how this can solve your condition”

“Everyone that goes through these 7 steps is pain-free, full-function and have their [Good Result]”

“A small percentage require a plan B, and if this is the case for you I can work this out within a few sessions”

“How does this sound to you?”

4 Pause

- **Is positive anticipation being achieving?**
 - If NO – STOP! & Discuss more about the RM Solution to achieve a Good Result
 - Only move on when client – motivation is high for continuing this thorough process to find a solution
- If YES – Move on to the next step

Optimal Communication Summary: Practitioners that are listening closely and truly understand each client’s wants and expectations are more successful at achieving a satisfactory solution than those that don’t. It is important for every client to speak up, if at any time it appears the practitioner is not 100% clear on the desired outcomes.

Suggested phrase, “I am not one hundred percent confident we are on the right track with regards to...” - And this will allow the RM practitioner to address each other’s understanding.

5 Explanation and assessment of ‘conditions of caution’

“I’m going to assess all possible contributing factors for your condition (muscle/joint/nerve/bone/thoughts/feelings etc.) How much sense does this make to you? The first step is to test for any nerve or ‘cautious’ conditions as these are the most important to deal with first”

RM practitioner assesses for any potentially cautious conditions | Safety first
From this point on no asking about symptoms | Symptoms are an indicator of the condition persisting, and not helpful for most rapid and complete problem solving

**“You must stop, or tell me to stop, if at any time your pain increases during the testing”
 “Solving the dysfunctions results in the pain disappearing”**

If more information is helpful; refer to the car-engine-dash-light analogy [also available on the RM Website About Pain page]

Assessment of Nerve Dynamic Test in 5 regions | Have the client self-test any dysfunctions that are measured with palpating the proximal guarding | Take a photo of the ‘before’ measure if there is dysfunction present

6 If ‘conditions of caution’ are present – begin treatment

- A Standard approach & Treatment may include | Nerve Dynamics Treatment | Medical guidelines | 2nd opinion from a colleague | Referral for investigations | Referral-to/work-with a different practitioner (acupuncture/physician/trainer/podiatrist/chiropractor/osteopath/massage etc.)

In the case of Neural Dynamic Treatment:

Warning - **“Releasing nerve gliding can have temporary side effects; only some people suffer these; they are an indicator of effective treatment, they usually resolve within 24 hours”**

- **For example: Headache | Fatigue | Soreness | “Feeling like I’ve been hit by a truck”**

Gain informed consent - **“An option to minimise any side effects is to get smaller improvements in each session” “Would you like to continue aiming for larger improvements, or smaller improvements to minimise the chance of temporary side effects?”**

Following treatment re-assess all regions | Repeat until all regions have no Nerve dysfunction on testing

In the rare case that the Nerve Dysfunction is not improving, or plateauing, and not getting to 100% good function, in <150 minutes – it is a good indication for referral &/or investigations.

After achieving 100% good nerve function continue to the next step | Importantly, retest the Nerve Dynamic Test a few minutes prior to finishing the session to ensure the client leaves the session with 100% good Nerve Dynamic Test (NDT)

Assess NDT at the beginning of every session for every client to ensure it remains 100% good function; some may acquire a dysfunction (even if previously 100% good on testing) | If NDT recurs then teach the client to self-test to perform at regular intervals during their daily life and pin-point the time/activities that re-aggravate between sessions

7 Once ‘conditions of caution’ have been successfully treated or cleared
 e.g. **“All test are good”, “Your nerves test well”**

- “The part of your condition that was contributed to by that nerve dysfunction is now fixed”**
 N/A **“Some people notice significant improvement in their condition immediately from this”**
“Some people notice the significant improvement after the next 2 steps of the process”

⁸Pause

- **Are you impressed?- that your cautious conditions have been cleared and that you are ready to move on?**
- If NO – STOP! & Discuss how you are closer to your Good Result + how you have received advanced skills that are for treating positive neural dynamics.
- Only move on when you can show understanding, and satisfaction, for your progress
- If YES – Move on to the next step

⁹Explanation of measuring dysfunctions that contribute to your condition

“Your condition can have contributing factors from anywhere in your body including thoughts, feelings, behaviours”

“I’m going to test each muscle and joint that could possibly be contributing to your condition from anywhere in your body. I wouldn’t want to miss any dysfunction that could be the underlying cause”

“How much sense does this make to you?”

¹⁰Thorough Assessment

Assess as many dysfunctions as possible - e.g. Functional limitations, Range Of Movement, pattern, joint, muscle spasm, muscle activation/control/strength, muscle length; from the region involved and from all regions; + psychological signs. The more dysfunctions the better, 12+ is good. The more dysfunctions gained at this stage the less the chance of coming back to this step later, and the higher the chance of achieving a very rapid result.

Ensure that the region of the presenting problem and any region with significant dysfunction are explored/tested thoroughly. **Highlight happy/good and unhappy/dysfunctions throughout the client’s body** | “Each of these unhappy signs can quickly change when the main cause is found and treated”

¹¹Have the client see or palpate these dysfunctions & explain the dysfunctions relevance

“All dysfunctions, tightness, stiffness, weakness, instability etc. have potential to be part of the condition. One is the primary underlying cause to the condition. If I can find that and fix it, we will have your [Good Result]”

Body Scan: “I will start with scanning your body which can feel a bit like getting ‘padded down’ at the airport. I want you to test these for yourself; using your fingertips, strum across the muscle. | “Happy muscles are floppy like jelly, at rest. Unhappy muscles guard to protect with knots” “This is a great muscle, and the knot is an indicator of how unhappy it is, and how much it contributes to a condition”

“To be thorough we also need to assess other joint & muscle tests; plus any thoughts, feelings, and dysfunctions”

Explain/have the client ‘see/test/understand’ each ‘happy’ sign plus ‘unhappy’ signs as it is tested. For ROM, pattern, functional tests explain what it should look like when ideal, and how much there is to improve to achieve ideal. “How do these test to you? On a scale e.g. 0-3?”

¹²Explanation of how dysfunctions relate to symptoms/presenting problem

“These dysfunctions, or ‘unhappy structures’ are the reason your brain is creating warning signals of pain. When these dysfunctions are fixed, with ‘happy muscles/joints etc.’, what do you think will happen to your pain then? Yes, you are right, it disappears and then your brain no longer will have the reason to create pain.”

Q: “Why are you suffering?” A: “Protective mechanisms”

“My job is to assess the condition, fix the dysfunctions, or if not me then find someone who can, and measure the changes to prove the success” “Then you have no condition and no [presenting problem]”

13 Check expectations of the client

"This is my plan for solving your condition; how satisfied would you be if we:

- 1) We work out which of these factors is the biggest cause of your condition by getting results; &
- 2) Use these results to learn how many sessions it will take to get you ~100%",

"Is there anything else I can explain about your condition while I'm going through this testing process?

E.g. a) Diagnosis? B) What caused it in the first place? C) Why the pain is where it is? D) How long it will take? E) Roles & responsibilities?

When appropriate:

- A) Give a patho-anatomical Dx – "the vast majority of the time this is not the underlying cause"
- B) When we discover the primary cause of your condition we analyse what habits/behaviours aggravated this – and then we will have the answer – it is different for everyone
- C) Protective mechanism that effectively stops further aggravation
- D) We are 4/10ths of the way through the process – 6/10ths to go + see 'Services Explained' web page | Once we achieve 6/10ths we will have a guide for total time to get ~100%
- E) Physio -> solve & treat, Client -> understand & follow advice + homework

14 Is everyone on the same understanding and do actions/thoughts match?

Optimal care can only be provided when all understandings, actions, & thoughts all match. If a mismatch occurs, for example, a client explains "I want a thorough assessment to ensure nothing is missed" and then also thinks "I don't want to spend 30 minutes having my whole body tested" - then this is example of a mismatch. Mismatches can easily be solved once discussed with your RM practitioner.

15 Pause

- Are you impressed with a thorough assessment, what have you learned, and are you excited to move on?
- If NO – STOP!
- Discuss how much closer you are to your Good Result. Treatment-testing is next.
- Only move on when you are understanding, and satisfied, for this progress
- If YES – Move on to the next step

16 Ask for contacts

"You will recover faster and remain healthier for longer when significant others in your life also understand what you are experiencing to get fixed. I want to help you get support from people like family, friends, coach, PT, group instructor, GP, employer, etc.. For example, what I would do is send them appropriate information for what you should expect to go through – so they can be supportive for you." "Let's list them now and I'll also get their contact details." "The type of information I share will only be the minimum of what is helpful for them to know so they can support you"

Communicate with the contacts (e.g. CC: them in progress summaries) + prompt ongoing opportunities to provide them with support where possible. Invite them to observe, offer to visit them to share tips, organise inservices, etc. | All aimed at better health care for the client and community.

17 Who else might like this kind of help?

"In case you weren't aware, this type of assessment is unique to Ridgway Method trained practitioners. What did you think of the thorough assessment? Others wouldn't know this care is available unless you tell them; how many people can you think of that might like to get help like this?" The majority of our business is WOM referral"

18 Decide a relevant test to fix first

"I want to help you get to your goal of __[full function/Good Result]__. To do this we need a movement test to demonstrate changes to treatment." "It is best when we have a test that easily shows when an improvement occurs. And one that doesn't aggravate your condition with many repetitions" "Ideally this will be your limited function – and when this is not practical an alternative test is used, that may, or may not be close to the presenting problem." Which movement do you think will be most relevant?

In the cases where the client doesn't know, then the practitioner guides the test to use with the explanation of why it is most relevant. Only continue once the client is happy with the test selected.

"We start with testing this ___[functionally limited]___ movement to see what I can do to make dramatic improvement immediately; with a repeated testing process."

¹⁹Take a photo of most relevant 'Before' tests

the photo is to record the measure before treatment

²⁰Involve the client in prioritising the worst of the structures/dysfunctions tested

"Out of all of these dysfunctions and unhappy structures, which ones do you think are the worst? (most tight, most stiff, most ropey etc.)." "We will treatment-test to see what will make the biggest changes, which ones do you think would be best to treatment-test first?"

²¹Explain this process aims to make significant changes to achieve their limited function

"When we can get good improvement in this movement/sign/function, and all the other unhappy structures also improve a lot, what do you think will happen to your [functional limitation]? And also, to your pain? – Yes, your function will come good and the brain has no reason to create the pain."

²²Describe the treatment-testing process to the client

"I need you to repeat your limited movement and stop when I say, or if you experience an increase in your pain/resistance/stretch you must stop at the very start of this onset. We are going to repeat multiple test movements and I want to minimize aggravation – so you don't suffer a flare up after this session - this is why I ask you to stop if you feel an increase in 'your' pain. I may cause tenderness to touch, this is different to your pain, please put up with this to a tolerable level, as it is temporary, and let me know if it starts to become intolerable. You may have to be patient as it can take many repetitions to test all the possible factors that might be causing your condition." "How does this sound to you?"

²³Warning for possible side effects

"Sometimes these results can be so dramatic that we suffer temporary reactions such as dizziness, sweating, feeling faint, and pale. I can go more gently to minimise these reactions, or I can get the fastest results, which would you like?"

"Some people suffer treatment soreness, like a bruise-ache where I do the releases, this is an indicator of releasing the important structures – or again, I can go gentler with smaller gains to minimise the chance of this, which would you like?"

²⁴Perform treatment-testing with the aim of measuring which treatments make changes

"Your job is to also see what changes might occur to your movement while I do the testing."

If some improvement occurs, repeat trials with different directions/force of intervention until the biggest improvement are achieved and plateaus.

Stop the intervention and movement-test for new baseline. Record the percentage change as a proportion of improvement (reduction of deficit).

²⁵Measure the significance of changes with treatment-testing | Involve the client

Apply interventions to all structures/dysfunctions throughout the body; find agreement with the client on the intervention/sign that achieved the most dramatic result. "How different does this look/test (palpation) to you?" "What did you see change? By how much?"

Repeat until a dramatic improvements occur, which also hold the gains (e.g. 30-50+%)

If no significant changes occur consider: 1. More thorough assessment for missed signs 2. Plan B - Standard approach

“Are you willing to provide anonymous feedback to Ridgway Institute International by answering two questions about your experience using the RM Checklist?”

- 1) How likely are you to recommend others to receive care with the RM Checklist (0-10 0=not at all | 10= very likely)
- 2) Why?

26 Thorough re-assessment | Involve the client

Re-assess all asterisk signs/dysfunctions | Record which ones have improved to a similar degree to the movement-test. Ensure the client knows these signs and understands the connection to their presenting problem. **“This is a summary of all the tests that have improved significantly.”** Label a Provisory PCF | The intervention that achieves the most significant improvement to all the other signs/dysfunctions that link to that condition.

27 Take a photo of the most relevant ‘After’ measure(s)

Repeat the angle/distance/framing of the ‘before’ shots

28 Pause

- Are you impressed with the treatment-testing process, irrespective of the results? Excited to move on?
- If NO – STOP!
- Explain how much closer you are to your Good Result. More treatment and applying strategies for homework is next.
- Only move on when there is understanding, and satisfaction, for this progress
- If YES – Move on to the next step

29 Who else might like this kind of help?

“I’d like to help as many people as possible; others wouldn’t know this care is available unless you tell them; how many people can you think of that might like to get help like this?”

30 Perform the Progress Graph

“Y axis is a total of how much strain/dysfunction you are suffering, X axis is time & sessions” “You started at 100% of your strain/dysfunctions”

“Mark of the graph how much total strain/dysfunctions remain by judging from the tests we measured”

“If we get that much each session, and you look after your PCF well in between sessions, how many sessions will it take to get you ~100%?”

“This is the RM Diagnosis phase” “Next is the ‘RM Fix’ phase” “After you are 100% are RM tune-ups”

“What might happen along the way? Re-aggravation? Time-delay between sessions?”

“At any time we are not going to plan we will stop and discuss a new plan”

“What might happen in the future? Competition? Big work days?” “What might happen after you are 100%? Just like getting your teeth cleaned and checked, we do RM Tune-ups”

“For some people their symptoms decrease proportionately with the graph, for others symptoms don’t significantly change until under the threshold line. Which is the case for you?”

“I want to help you get better as quickly and efficiently as possible” “How much do you want to complete this process?” “How soon?”

31 Label a provisory Primary Contributing Factor (PCF)

“Since all these dysfunctions improved, what do you think that this indicates?”, “This demonstrates that this structure is the cause to your condition, it is called a PCF.”, “Treating a PCF makes all relevant signs improve & aggravating this PCF will make all relevant signs worse.”, “When all your signs are 80-100% better you will be back to doing _[functional limitation]_. What do you think your homework is going to

be? Yes, to not aggravate the PCF. Your homework is to look after your PCF by changing habits, doing posture-work/exercises, __[new motor control with function]__.”

Also see accumulative strain model on the Why We Suffer Injury page of the RM Website.

Expect a brief summary in e-mail to client & contacts, including links to the pain/injury information, photos & videos of progress & homework explaining how they can support the most rapid and long-lasting solution to the condition.

This Progress Graph represents the three main factors 1. What the problem is 2. How long it will take to fix and 3. How much it will cost.

32 Fill in the Rebooking slip

Discuss specific times/days that are mutually ideal for at least 120+ minutes of future sessions. **“I can help you achieve your Good Result/pain-free full function best when you get these times booked ahead. Otherwise you may not get in at the times you need. And it is important for us to focus on how quickly you can get fixed... all going to plan. Extended sessions such as 60+ minute sessions are another cost effective way to achieve your good result sooner, with less visits to the clinic”**



RM Fix | The RM consists of continuing treatment, and homework, to the PCF to achieve ~100% resolution of the condition | These parts typically require 60 to 180 minutes of assessment and treatment time with your RM practitioner

33 Teach exercise/homework to maintain improved PCF

One, or two, specific postural strategies that the client can apply to maintain/improve their PCF during their daily life between sessions | Take photos/video of this.

Manually facilitate the improved position/control for the client & ask, **“How does this new position feel to you? What word/feeling would you use to describe this position/exercise?”** Record that word as the client’s cue for their homework.

“Ideally, you will practice this about 2000x to get it mostly automatic, as an exercise, and during function – for example, 50 per day total, for 6 weeks.” “When, during your day, and for how many reps, can you commit to practicing this?”

34 Treat the PCF until ~100% fixed or plateaus

“Next step is to continue treatment and improvements, how does that sound?”

35 Progress PCF treatment and reassessments

3-4 main-indicator asterisk signs at the beginning of every session to establish the new baseline, then frequently, for example every few minutes, weaned out to every 5-10 minutes (of treatment) – to ensure best intervention is being applied.

36 Re-assess all dysfunctions throughout the body

When close to 100% or plateaued re-assess all signs to confirm progress for the whole condition.

37 Involve the client (palpate/see the results)

“Let’s test to see how many of your signs have changed, and by how much.”

38 Pause

- Are you impressed with your progress and results?
- If NO – STOP!

- Explain how much closer you are to their Good Result. Weaning, performance enhancement, and RM Tune-ups are next.
- Only move on when there is understanding, and satisfaction, for this progress
- If YES – Move on to the next step

39 Progress exercises/homework to maintain improved PCF

Involve contacts for optimal support and progression for long-term prevention of recurrence & performance enhancement. Nearly all clients should have some recreation instructor/exercise partner/coach/PT etc. If they don't this is the ideal time to recommend one.

40 Identify potential Secondary Contributing Factors that may also need treating once PCF is 100% or plateaued

“This more stubborn sign may be from long term persistence. Treatment directly to this sign might help resolve the last of it.”

RM Tune Ups | The RM tune Up phase is very similar to dental checkups/cleanings | These sessions typically require 30-minutes of assessment and treatment time, which is weaned to a period of about every three months with your RM practitioner | the duration and frequency of the sessions is determined by the clients ability to minimise accumulation of strain to the PCF by performing the self-monitoring and prevention strategies

41 Recap the importance of future care once pain-free | Wean off sessions

“To keep this condition solved for the long-term you need to look after your PCF indefinitely I can offer check-ups/treatments of accumulating aggravation; like you would for your teeth with a dentist; How much do you really want to prevent this condition recurring?” “We are at the stage of weaning out to RM Tune-ups, how long are you willing to test yourself to see if you can keep your PCF at the same level it is at now?”

42 Use % Improvement to Estimate Therapeutic Course

Continue to involve the client with charting their Progress Graph and allow them to see a tangible image of their progress. If more noxious input is created, due to unavoidable aggravating factors, decreased motor skill, or inflammatory factors, then some aggravation to their condition may occur between sessions.

43 Use any alternative pathways that were appropriate during this process

Be ready and open for the small percentage of conditions that don't respond, or respond inconsistently. These are indicators to consider all Plan B options of 1. Assistance from a colleague, 2. Referral, 3. Investigations, etc.

44 Obtain objective evidence that the client effectively received the education given/prevention message & is satisfied with the process & results “

Evidence of processing, integrating, applying, & cross-over effect into every day function. Appropriate question (leads on from information provided already). Cognisance. Throughout the whole process.

45 Address any demonstration of not 'getting it'

(not following the process, education, outcomes) i.e. Questioning information already given, not following advice, dissonance, 'why aren't I better yet?' after already explaining that last visit - in a way the shows it did not get through. Then we don't repeat ourselves – we don't think it's OK for this to continue - we address the issue. Ask how you can explain it to them in a way that will make sense? e.g. “what was our plan?”, “What did we talk about already?”, “What about our current plan did I not explain clearly?”, “I want to explain your condition to you in a way that helps you, can you help me with what will work best”.

