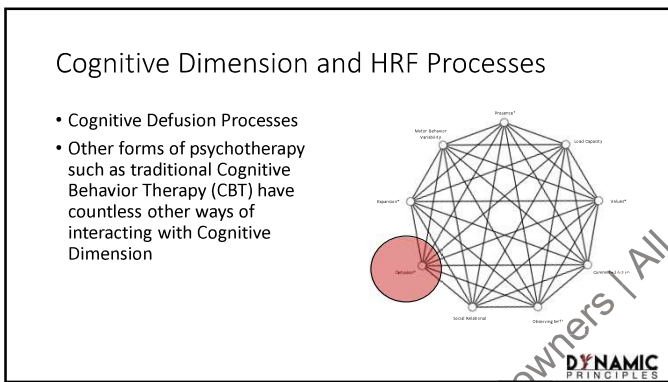
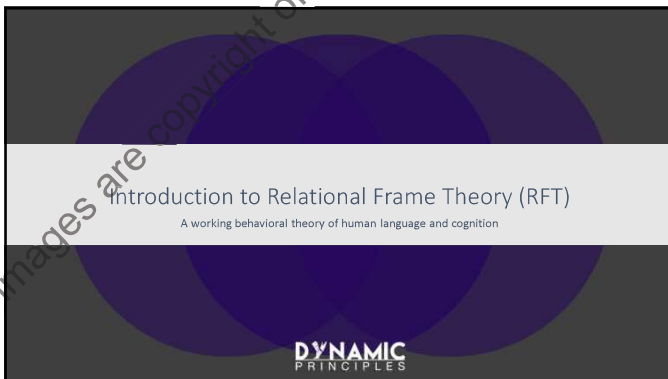


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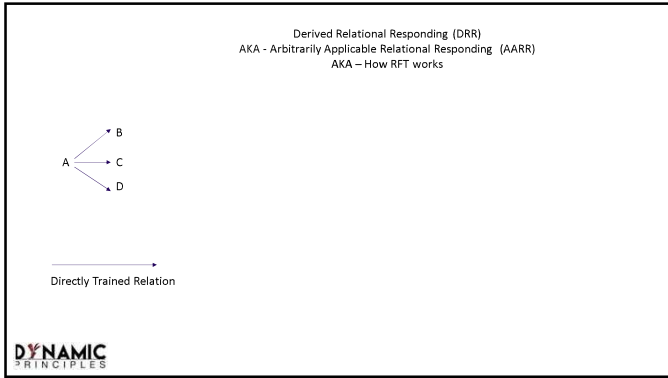


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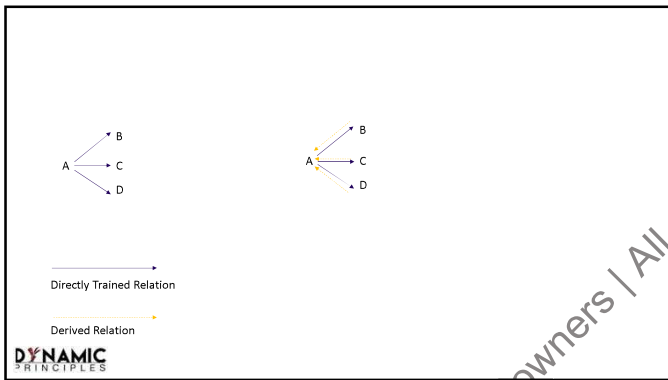


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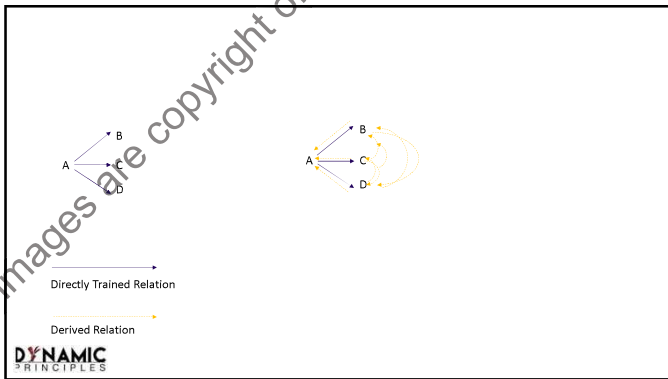
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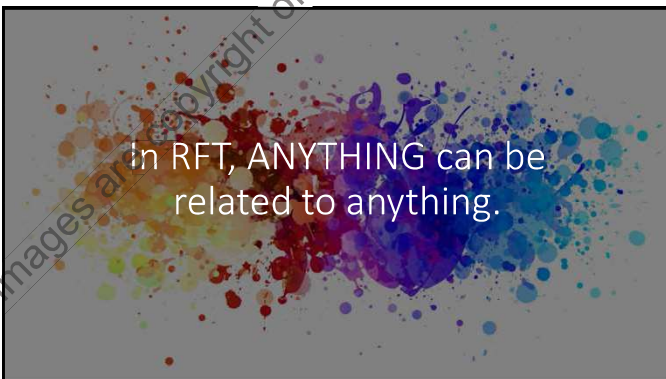
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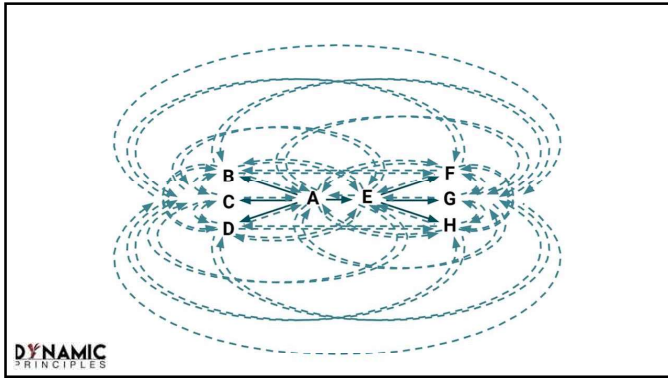


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“Learn it in one, derive it in two;
 put it in networks that change
 what you do.”

Steven Hayes summarizing 30 years of work

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Do we have a problem with
 our language?

DYNAMIC PRINCIPLES

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WORD VISUALIZATION

What do you visualize in your mind when you see these words?

- Arthritis
- Degeneration
- Wear and tear
- Disc Bulge
- Out of alignment
- Instability

What do you think your patients just visualized?

DYNAMIC PRINCIPLES

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PATIENT BELIEFS IN CHRONIC LBP

When 130 patients with cLBP were surveyed regarding their beliefs of why their pain is chronic they reported – Sotchiell, et al. In this order of common beliefs of why they hurt

- #1) It was due to the body being like a 'broken machine'
- #2) It was permanent/immutable
- #3) It was complex
- #4) It was very negative

Most participants indicated that they learned these beliefs from health professionals (89%)

DYNAMIC PRINCIPLES

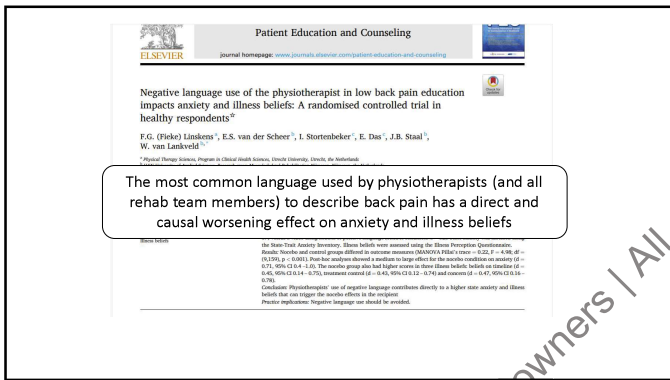
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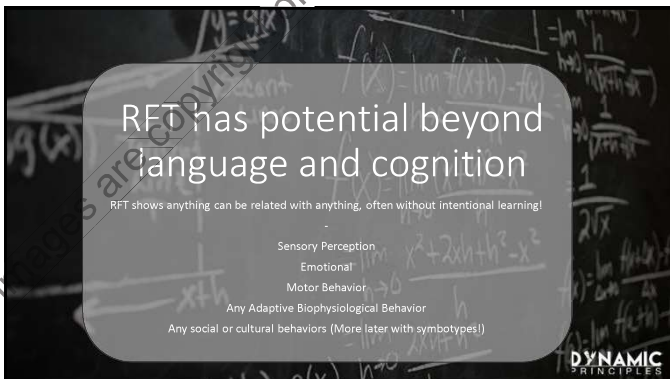
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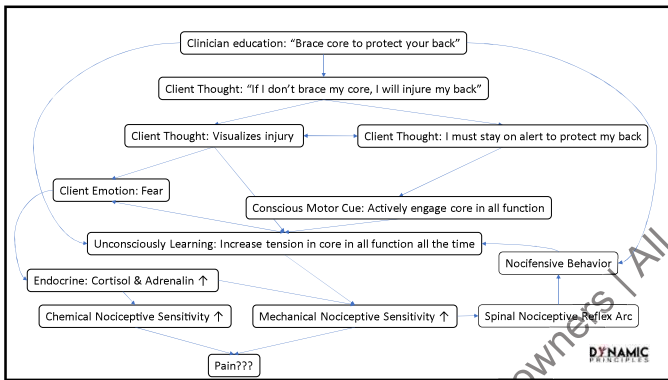
Thoughts drive movement network relationships! (and vice versa)

How would you move if the thoughts you have sound like these?

| | | |
|------------------------|------------------------------------|-------------------------------------|
| "I'm broken" | "my body is damaged beyond repair" | "I don't feel safe" |
| "I have to be careful" | "I'm degenerating" | "My spine is unstable" |
| "My core is weak" | "I just want to be fixed" | "I worry what I will feel tomorrow" |
| "I can't do that" | "I'm not who I used to be" | "I Feel like I am 90 years old" |

DYNAMIC PRINCIPLES

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EDUCATION

Is not straight forward....

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Some Educational "Add-ins" – Pain focus

Fundamentally Decrease threatening (nocebo/iatrogenic) language and improve confidence in the human body to create an environment for positive behavioral and functional change

Specifically

- Therapeutic Neuroscience Education (TNE)**
 - Teaching neuro-immune-endocrine physiology of pain specific to patient/client need using practical stories and analogies
 - De-educate to re-educate
- Global Biopsychosocial Principles**
 - Broad stroke general education
- Human Rehabilitation Framework (HRF)**
- Other non-nocebo language-based education?**

DYNAMIC PRINCIPLES

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Introduction to "adding content"

Can't remove old content, only add new content.

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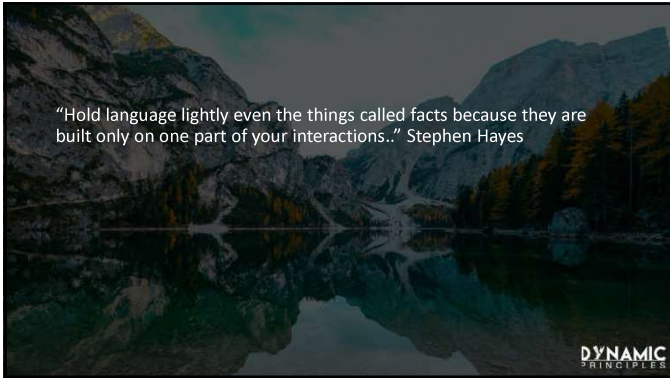
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Challenges of education strategies

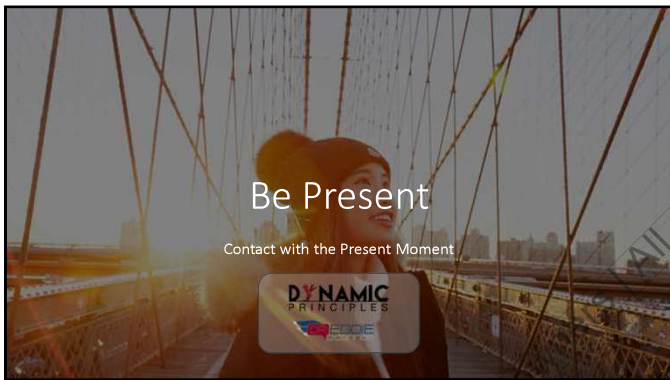
- Thoughts cannot be changed; we cannot REMOVE a thought.
 - Socks!
- Challenging thoughts often backfire in the long run
- We can add new knowledge
- If you add new knowledge, why should they shift if it doesn't fit their values or viewpoint?
 - If they don't know their values or viewpoint, why should they shift?
- If our "Education" does not match our interventions and prescriptions viewpoint – Coherence could be broken!
- Ultimately, is the new additional content "Workable"?
 - Only the client can determine the "workability" of the content inside of them
 - Defusion often creates the space in which we can more clearly see our content and decide what is workable

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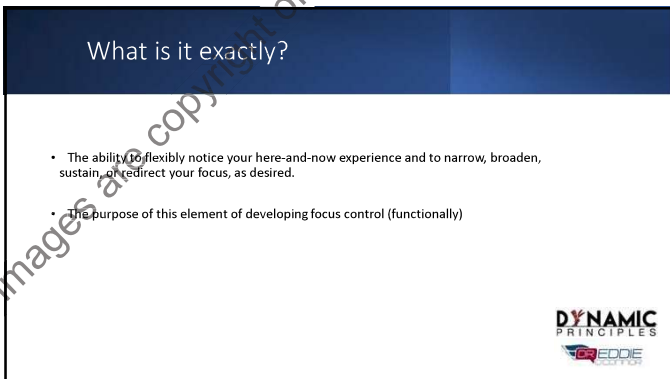
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