

Modern Dentistry: Get on the Ball!

**Saturday, 6/26/2010
10:00am-1:00pm**

Sponsored by:



American Dental Hygienist's Association

Las Vegas, Nevada 2010

150 Years of Modern Dentistry: Survival of the Fittest...Get on the ball!

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Objectives:

Review the waiver & release

Discuss the unique musculoskeletal needs of dental professionals

Discuss chair side operatory exercises for daily prevention

Discuss the concept of dynamic sitting & incorporating the concept into the dental work day.

Explore home exercise programs to supplement work stretching for the busy dental professional.

Identify options for counter acting musculoskeletal fatigue & discomfort with regular exercise

Identify the physiological benefits of regular exercise

Get on the ball!

Thank you to Posture Perfect Solutions Ltd. www.evolutionchair.com for making this course possible!

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150 Years of Modern Dentistry: Survival of the Fittest...What about the pain? Get on the ball!
Course Outline

Review the release & waiver

The lecture and exercises that you are about to participate in at the ADHA meeting in Las Vegas 2010 are not a substitute for a complete musculoskeletal assessment & okay by your physician; if you are not certain if these activities are appropriate for you, or if you are having any undue discomfort when performing these activities, stop immediately and contact your physician

Dental history – very brief

How far you have come!

Fitness – how do you measure it?

Techniques – stand up/sit down – fight, fight, fight!

Can technology help?

Focus – where's yours? The target. The oral cavity

On the patient/on yourself?

Balancing both

How is your posture? Is your spine balanced?

Rest/recovery – how is yours? Sleep patterns

Stress & fatigue – what does it limit?

What hurts/ what helps?

Pain reduction. Tolerance/coping/surviving – Advil day and night? Or worse?!

Short term/Long term – everything after it's chronic!

Conservative Care/ Rx options – rest, meds, chiro, massage, exercise, surgery!

The point of no return – surgery, career change, retirement

Counteracting chairside discomfort – applying the bandaid posture break exercises

Dynamic sitting - getting the fix in – get on the ball!!

Areas of concern, where to focus!

Getting assessed... then getting started!

Exercise on a tight schedule

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Course Outline cont'd

Getting on the Ball - Areas of concern for the dental professional

Scapula

Gluteals

Abdominals

Back extensors

Getting to the core

Warm-up – what's best?

Seated jumping jacks

Marching

Trunk twists

Lateral leans

Bouncing

On your back

Abdominal crunches

Lay out bridges

Lay out bridges with hip lift

Hip roll outs

Hip plank w/ & w/o leg lift

Upper back & chest stretch

Side twist

On your side

Side stretch

Side stretch with arm/leg lifts

Side plank

Side plank w/ arm & leg lift

On your stomach

Shoulder lifts - forward, backward, out to the side

Hip lifts - knee straight & knee bent

Trunk extension

Alternating arm & leg lifts

Reach outs with & without twist

Dynamic sitting – eyes open & closed

Hip lifts with/without arms

Alternating arm/leg lifts

Lifts & chops

Twists

Side hip slides/ rotation

Sit backs

Low back stretch

Sit to stand

Pelvic tilts & clocks

Thank you to Posture Perfect Solutions Ltd. www.evolutionchair.com for making this course possible!

Exercises on CD will be made available to all class participants from Posture Perfect Solutions.

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150 years of modern dentistry: Get on the ball class
Participant Waiver & Release

I, _____ hereby consent to voluntarily engage in an exercise ball strengthening, stretching and balance class that includes but is not limited to the following activities:

Stretching of my arms, legs, abdominals, back and neck; sitting, lying and balancing on an exercise ball; general strengthening of my arms, legs, abdominals, back and neck on & off the exercise ball; balance activities in various positions; instruction in posture and body mechanics

I understand that there may be risks associated with any exercise program and activity. The level of exercise that I perform will be at my own pace based on upon my cardio-respiratory fitness, muscular strength, flexibility, and endurance. Further, I affirm and agree that I will inform Timothy Caruso & his assistants of any symptoms during my participation in the class, including but not limited to: fatigue, shortness of breath, chest discomfort, pain in my extremities or joints, dizziness or uneasiness for my safety and benefit. I understand that I may stop at any time and also that I may be directed to stop by Timothy Caruso at any time during the presentation/class.

Timothy Caruso will provide leadership, direction and instruction to direct my activities, monitor my performance and otherwise evaluate my effort. I will be given instructions on how to perform the exercises and activities along with a demonstration prior to attempting the activities or exercises. I will be able to ask questions of the instructor, Timothy Caruso throughout the entire class if I do not understand. I understand that I may stop at any time; further, I understand that I may be directed to stop by Timothy Caruso at any time during the presentation/class.

If I have high blood pressure, diabetes, a heart condition, a musculoskeletal or neuromuscular disorder or underlying condition or injury, or if I am taking any prescribed medications that will affect my performance in the class, I agree that I must inform ADHA & Timothy Caruso prior to participation in the class. I understand that this class is not a substitute for a complete medical physical by my physician; therefore, if I am uncertain about whether to participate for the above stated reasons or any other, I will decline participation at this time.

**Important note: MEDICAL RELEASE REQUIRED UNDER CERTAIN CIRCUMSTANCES
PRIOR TO PARTICIPATION IN THIS CLASS**

Depending on my health status, if I am over 50 years of age, 40 pounds overweight, or if I have any of the above conditions or other medical conditions that may put me at risk in an exercise or stretching program, ADHA will require a medical release from your licensed medical doctor prior to participation in the exercise ball class. Further, if your physician requires that your heart rate be monitored during participation in this class or any other special considerations, you will be excluded from participating for your own health, safety and well-being.

Waiver and Release. I acknowledge that any type of exercise and stretching involves a risk of injury. I hereby agree to waive any claims I may have against Timothy Caruso, Posture Perfect Solutions and the ADHA; and hereby agree to release and hold harmless Timothy Caruso, Posture Perfect Solutions and the ADHA for any injuries, damages or loss to my person or property that I may experience related to my participation in the class; or any claim or demand for injury or damages whatsoever including without limitation, those damages or injuries resulting from acts of active or passive negligence on the part of the class participant.

It is further understood and agreed that Timothy Caruso, the ADHA or Posture Perfect Solutions shall not be responsible or liable to the undersigned for articles lost or stolen in connection with the 150 years of modern dentistry: Get on the ball class.

My signature below indicates that I have read, understand and agree to the terms contained herein.

Signature of Class Participant

Date

Witness

Date

By checking here I acknowledge that I will need a medical release from my medical doctor; and have provided same with a copy of this waiver and release

“The Get on the Ball class/program is a fitness class/program that involves rigorous exercise that may not be appropriate for all fitness levels. Seek the advice of your physician or other qualified health professional before starting a new exercise program or making any changes to your existing activities. If you have existing health or medical conditions, or are taking any prescription or over the counter medications, it is important to consult with your physician prior to engaging in this or any other exercise program. This program is not intended to substitute for medical advice or diagnosis; stop exercising if you feel sick, dizzy, faint, lightheaded, or if you experience unusual pain or discomfort during the program.

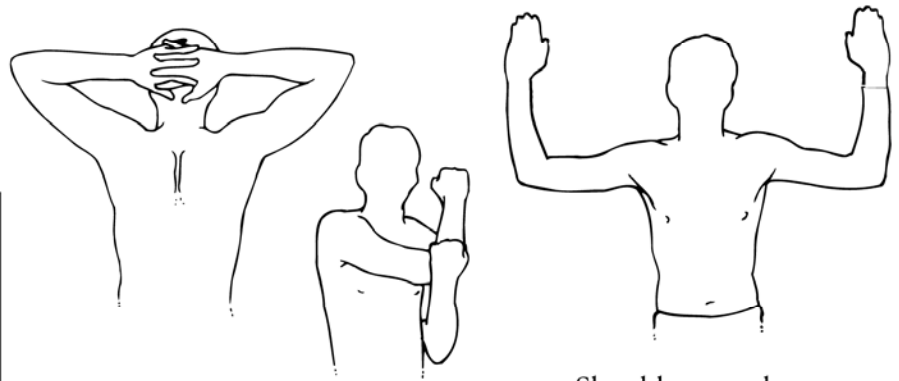
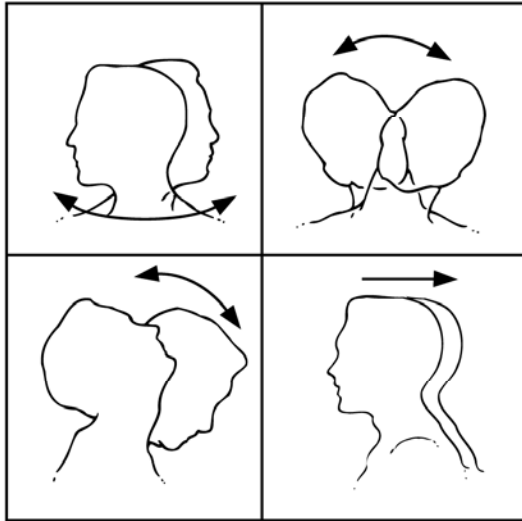
You are responsible to monitor your own health and condition before participating in this program and during participation, and to exercise within your limits as this program cannot and does not monitor the participants.

The creators, producers and distributors of this program expressly disclaim any liability or responsibility for any injuries you may experience by participating in this fitness program. By continuing with this program, you agree that you have read, understand and agree to these limitations and that you understand that your participation is at your own risk.”

Posture Break Exercises

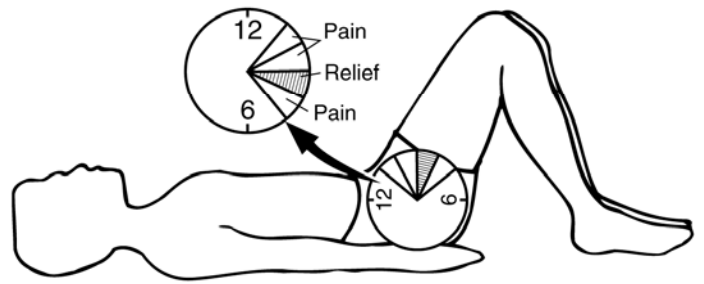
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Neck range of motion/neck glide

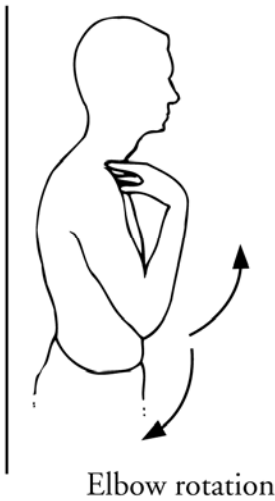
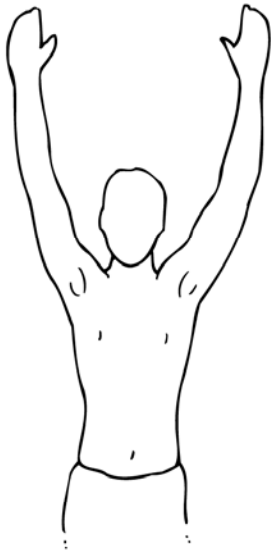


Shoulder stretches

"Pelvic clock"

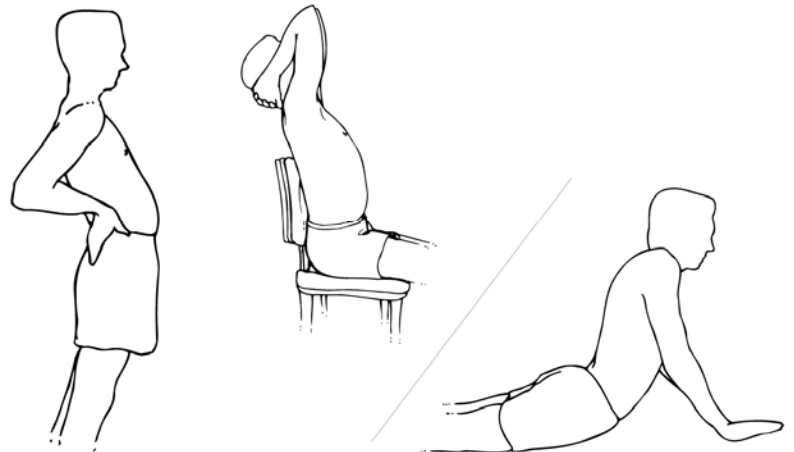


Touchdowns



Elbow rotation

Bend backs



Wrist stretch 1



Wrist stretch 2



Finger Stretch



Finger wiggle



The rubberband

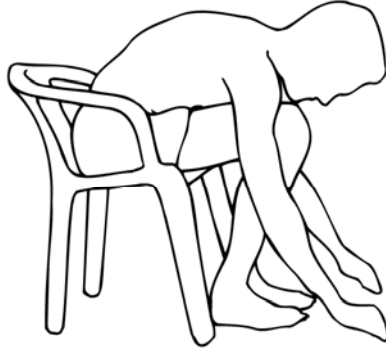


Finger spread

Hip stretch



Back stretch



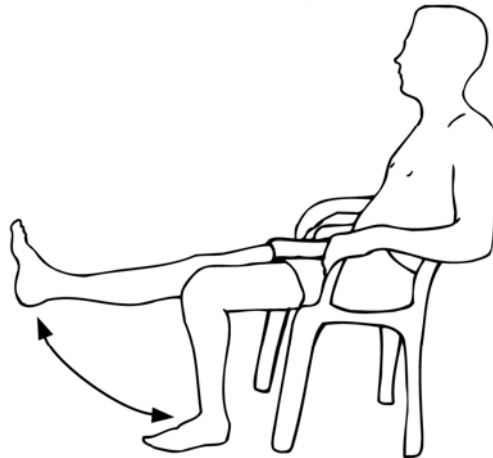
Trunk twists



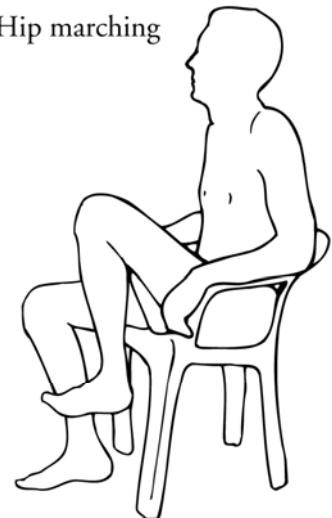
Side benders



Knee benders



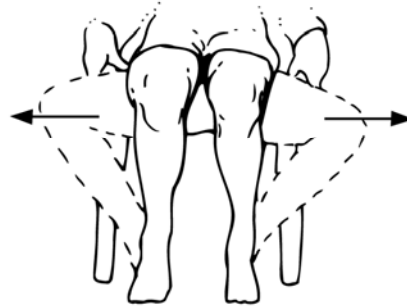
Hip marching



Ankle pumps/circles



Knee spreaders



Note: These activities should not cause any undue pain or discomfort and are not meant as a substitute for a complete musculoskeletal assessment. If you have any questions about the appropriateness for you, please consult your physician.