EVALUATION OF THE HESCH METHOD OF TREATING SACROILIAC JOINT DYSFUNCTION SEMINAR

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A report submitted to
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INTRODUCTION

The Hesch Method of Treating Sacroiliac Dysfunction Seminar is a three-day course consisting of 22 hours of combined lecture and laboratory instruction. Each participant is provided with a course manual for reference. The course provides participants with a new approach to evaluating and treating lumbopelvic dysfunction, a common source of low back pain. The course is intended for licensed physical therapists interested in improving their evaluation and treatment skills for lumbopelvic dysfunction.

Jerry Hesch, P.T. developed the Hesch Method of treating sacroiliac (SI) joint dysfunction and has taught the seminar nationally, as well as spoken at international conferences about his unique approach. Mr. Hesch has indicated an interest in determining whether the course is effective in teaching physical therapists an alternative evaluation and treatment approach to SI joint dysfunction, as well as continuing to improve and enhance future seminars. The evaluation was designed to determine the effectiveness of the three-day seminar and its training materials, and whether participants applied the techniques and found the information they learned from the course to be useful one month after completion of the seminar.

This document is the final evaluation report on the Hesch Method of Treating SI Joint Dysfunction Seminar. The report contains a brief description of the Hesch Method of Treating SI Joint Dysfunction Seminar, program objectives, a description of the evaluation procedures, a summary of the evaluation results and a discussion of their overall meaning and implications.

DESCRIPTION OF THE HESCH METHOD OF TREATING SI JOINT DYSFUNCTION SEMINAR

The Hesch Method of Treating SI Joint Dysfunction Seminar is designed for physical therapists who treat low back problems. Because of the advanced clinical skills and extensive "hands on" learning emphasized in this course, registration is limited to 30 physical therapists. The participants are not required to have completed any other continuing education courses prior to taking this seminar.

The seminar consists of 22 hours of instruction over a three-day period. The majority of the lecture portion of the seminar is done by Jerry Hesch, P.T.. The laboratory portion of the seminar is run by Mr. Hesch with the assistance of three other licensed physical therapists experienced in using the Hesch Method for evaluation and treatment of SI dysfunction. The laboratory sessions include demonstration and "hands on" practice and application of the evaluation and treatment techniques taught in the seminar.

PROGRAM OBJECTIVES

The program objectives were devised by Mr. Hesch based on the overall goal that participants would learn enough information that they could go back to their clinics the next day and apply the evaluation and treatment techniques to the most common patterns of SI dysfunction.

The program objectives are that participants learn the following:

1. to describe the anatomy and biomechanics of the pelvic joint complex
2. to describe the biomechanical and functional integration of the pelvic and lumbar spine

3. to identify function and dysfunction of the sacroiliac (SI), symphysis pubis, and lumbar spine
4. to perform a skilled, thorough pelvic joint evaluation
5. to be able to treat common and complex unilateral and bilateral patterns of dysfunction of the SI, symphysis pubis, and lumbar spine

PROGRAM COMPONENTS

The seminar usually is held from Friday through Sunday to minimize physical therapists' time away from their clinics. The seminar begins at 1:00 pm and runs until 6:30 pm. The Saturday and Sunday sessions are from 8:00 am to 5:00 pm.

Participants receive a detailed course manual at the beginning of the course. The course manual has been designed to minimize the need for taking notes during lecture and lab, as well as to serve as a clinical reference after completion of the course. Instruction consists of a combination of lecture and laboratory time to cover methodology, advanced palpation skills, evaluation and treatment techniques. Audiovisual materials consisting of slides, demonstrations, anatomical models, scales (to practice force application), and diagrams are used to supplement lecture and lab instruction. Participants practice evaluation and treatment skills on each other (unless a participant has a physical condition for which it would be contraindicated). Mr. Hesch and his three lab assistants provide direct supervision and feedback on participants' performance as they practice the evaluation and treatment techniques during laboratory sessions.

EVALUATION METHODS

PARTICIPANTS

There were 27 physical therapists in the class. The number of years in practice as a physical therapist ranged from zero (two of the participants were physical therapy students nearing graduation) to 36 years. Seven participants had 10 years or more experience as physical therapists while 16 had less than ten years experience (four people did not indicate their experience level). Only four participants had taken an SI course previously. For at least 20 of the participants, this was their first course on evaluating and treating SI dysfunction.

PROCEDURES

The evaluation was designed to assess the participants' attitudes and judgements about the materials, course, and its overall value. Data were collected from the physical therapists who participated in the seminar from two reaction surveys. The first questionnaire was administered to participants at the end of the course and was completed anonymously. The questionnaires were collected by the evaluators. A second questionnaire was mailed to participants three weeks after the course to assess whether participants were using the techniques and course manual in the clinic and if they felt the course was worthwhile. The three week post seminar questionnaire was also completed anonymously and mailed back to the evaluators. Both surveys sought participants' recommendations for ways to improve future courses.

The evaluators performed several other tasks as part of the evaluation process. The tasks included reviewing the course manual, attending the seminar in its entirety and submitting a summary data report from the course questionnaires to Mr. Hesch.

The evaluators did not collect data on participant learning from this course because both the evaluators and Mr. Hesch felt that it would be inappropriate at this time. Considerations in this decision were (1) the Hesch Method is a new and unique method, (2) limited practice opportunities available due to small group size, (3) time constraints, and (4) the large amount of material covered.

DATA SOURCES

Data were collected through (1) an attitude survey administered to participants at the end of the seminar, (2) an attitude survey mailed to all participants three weeks after completion of the seminar, (3) review of course materials, and (4) observation of the seminar.

The attitude surveys administered at the completion of the course and three weeks after the seminar were filled out anonymously and gathered by the evaluators. The end-of-the-seminar survey provided four answer choices and were scored on a 4 (strongly agree) to 1 (strongly disagree) point scale. For the open ended items on the questionnaires, similar responses occurring three or more times are reported in the summary tables in this report. No breakdown of responses by number of previous SI joint dysfunction courses taken or number of years of experience as a physical therapist was included because there was virtually no difference between groups that varied on these characteristics.

RESULTS

The results are summarized below, first for the questionnaire administered at the end of the seminar and then for the questionnaire three weeks after completion of the seminar.

End-of-Seminar Questionnaire Responses Responses to the end-of-seminar questionnaire are summarized in Table 1 on page 7 for the 27 seminar participants who completed the questionnaire (100% response rate). The summary indicates the number of participants selecting each response choice, the mean score for each item on a point scale of 4(strongly agree) to 1 (strongly disagree) and the overall mean score of all items.

The overall mean score of 3.7 indicates that the seminar was perceived very favorably. The highest ratings (3.9, 3.8, and 3.8 respectively) on items about the overall value of the seminar indicate the therapists found it to be very worthwhile (would recommend to colleague, I feel more confident in my abilities, I learned a lot). Also, one of the highest ratings (3.9) indicates that the lab assistants are very helpful and knowledgeable. The lowest scores were still very favorable at 3.3 and pertained to the ease of use of the manual and the suitability of the facility. Although 12 of the respondents felt the course length was adequate, the 12 dissenting opinions were evenly split at six feeling it was too long and six feeling it was too short. There was no correlation between the number of years experience as a physical therapist or the number of SI continuing education courses taken previously. In regard to the length of lab sessions, 52% of participants felt the length was just right while 27% felt that more time in lab was needed.

The aspects of the course that were mentioned as the most beneficial were working with the course manual during the course and Mr. Hesch's multiple demonstrations

Table 1 – End-of-Seminar Questionnaire Responses

SA=strongly agree A=agree D=disagree SD=strongly disagree NA=no answer

	SA	A	D	SD	NA	Mean
1. The facility was well suited for this course.	11	15	1			3.3
2. The course content was presented clearly.	15	12				3.5
3. The audiovisual materials were clear and helpful.	19	8				3.7
4. The manual is written with sufficient detail.	19	8				3.7
5. The manual is easy to use.	15	10	1		1	3.4
6. The lab assistants were knowledgeable and helpful.	24	3				3.9
7. I feel more confident in my ability to assess and treat SI dysfunction after taking this course.	22	5				3.8
8. I would recommend this course to other therapists.	24	3				3.9
9. I learned a lot in this course.	22	5				3.8
TOTALS	**171**	**69**	**2**	**0**	**1**	**3.7**

	too short	just right	too long	NA
10. The length of the course was:	6	12	6	3
11. The length of the lab session was:	10	14	2	1

What aspects of the course were the most **beneficial**?

Hands on application (7 respondents)
Jerry's demonstrations on participants for evaluation and treatment (12)
Working with the course manual (12)
Lab assistants – ratio to students and helpfulness (6)
Repetition (5)
Anatomical models (5)

What do you recommend to **improve** this course?

Follow outline more closely/less skipping around (4)
Make a video of spring tests and treatment of most common pattern (5)

of evaluation and actual treatment (each was mentioned by 12 respondents). The "hands on" or active participation was also noted (7 respondents). Several participants also indicated that the number of lab assistants (6 respondents) and repetition of key concepts (5 respondents) was very helpful.

There was less agreement on recommendations to improve the course. The two most common suggestions were that the course follow the outline more closely (4 responses) and that Mr. Hesch produce a videotape demonstrating spring testing and treatment of the most common patterns of dysfunction (5 responses).

Delayed Questionnaire Responses An attitude survey was mailed to each of the 27 participants three weeks after the course. 17 completed questionnaires were returned for a return rate of 62%. The responses to the three week post seminar survey are summarized in Table 2 on page 9.

Responses were still extremely favorable with 16 of the 17 participants (94%) reporting that they had used the techniques taught in the seminar in their clinics. 16 of 17 participants reported feeling more confident in their abilities to treat SI dysfunction. All of the 17 respondents agreed that the seminar was worthwhile, the manual was sufficiently detailed and that they felt like they learned a lot from the seminar.

When asked for any additional comments about the seminar, five people (29%) specifically mentioned that they found the techniques to be effective. The course material and skills were reported to be very applicable in the clinic by four people (24%). Eighteen percent (three people) mentioned that the logic of the approach appealed to them.

Table 2 – Three Weeks After Seminar

Please circle your answers to each question about the Hesch Method of Treating Sacroiliac Dysfunction.

	YES	NO
1). Was the Hesch Method of treating SI dysfunction a worthwhile continuing education course for you?	17 (100%)	0
2) Have you used any of the techniques from the course in the clinic?	16 (94%)	1
3) Is the course manual sufficiently detailed to be of use to you in the clinic?	17 (100%)	0
4) Do you feel more confident in your ability to assess and treat SI dysfunction after taking this course?	16 (94%)	1
5) Did you learn a lot from taking this course?	17 (100%)	0

Do you have any comments about the Hesch Method of Treating SI Dysfunction that you would like to add?

Techniques were effective (5)
Applicable in the clinic (4)
Logical approach (3)

DISCUSSION

The most notable finding of this evaluation is that the physical therapists that participated in this seminar thought it was a very good one. The overall mean score of 3.7 reflects very positive attitudes about the course. Experience level of the therapists and the number of SI courses taken previously did not affect the ratings. The other important finding is that approximately one month after completing the seminar the therapists continued to rate the course very highly.

Based on participants' responses at the end of the seminar, they felt like they learned a lot, felt more confident in their ability to treat SI dysfunction, and would recommend the course to their colleagues. Getting to observe Jerry Hesch performing evaluations and treatments and listening to the thought processes that he goes through when treating SI dysfunction was one of the most often mentioned benefits of the course. Another factor that was important to the success of the seminar was that the lab assistants were knowledgeable and helpful.

When the therapists were surveyed three weeks after the course, 94% reported using the techniques they had learned in their clinics. Additional comments about the seminar 3 weeks after the course were favorable. Several participants commented on liking the logical approach of the Hesch Method, that it had been effective and was applicable in the clinic.

Although initially the course manual received some of the lower ratings with a mean of 3.4, the course manual was one of the most commonly referred to aspects of the course that was beneficial. Also, in the three week follow up survey, 100% of the 17 respondents reported that the manual was sufficiently detailed to be useful in the clinic.

Review of the course manual reveals a well organized manual with clear illustrations in addition to written explanations of the various assessment and treatment techniques. Because of the amount of information contained in the manual and covered in the seminar, the initial lower ratings would likely be higher once the therapists had gotten a chance to use the manual more. The quick reference sheet that was new to the course this year is convenient for clinic use because it is more portable than the manual.

Certain areas were mentioned for improvement by participants at the end of the seminar. One was that the course outline be followed more closely. Although there was some skipping around to make efficient use of the time available it was largely because this group of participants required more assistance on the palpation and spring testing skills. This may have been due to the large number of participants (at least 20) that had not taken any other SI courses before. It may be beneficial as part of the registration process to have people indicate whether this is their first SI course. If there is a large proportion of first timers, more time may need to be allotted to labs. Another option is to have lab instructors available during breaks or for a short time after class. In this way, the participants who need more assistance could get it without lengthening the course for everyone.

The other idea that was offered by several participants (5) was that a video of the basic spring tests and treatment techniques be made for reference. Although the illustrations in the manual are quite good, a video would more easily show the three dimensional aspect that is so important with hand placement and spring testing.

The other area of possible improvement would be to gear a few of the lab activities to more directly address the objectives. For instance, participants could break into groups

and be provided with a written scenario of signs, symptoms, and palpatory findings. The group could then be presented with a series of questions such as which spring tests would they perform, what would they expect to find if it is a specified dysfunction. This would encourage active learning and problem solving more directly related to the course objectives. Each group could present their scenario and answers to the class for discussion and feedback more similar to clinical situations.

In summary, the evaluation of the Hesch Method of Treating Sacroiliac Joint Dysfunction for physical therapists revealed that the course was very successful. Attitude surveys taken immediately following the course and three weeks later revealed continued satisfaction. Several recommendations are offered for potential improvements in the program. These recommendations include (1) allotting more time for labs on an optional basis, (2) produce a video for the basic course of the Hesch Method, (3) include more active learning activities related directly to the objectives of the course. Overall, this evaluation found the Hesch Method of Treating Sacroiliac Dysfunction Seminar to be very effective. The recommendations provided are simply intended to help further refine the seminar and contribute to continued success.