



### INTERNATIONAL TRAINING IN POLYVAGAL MANUAL THERAPY

Polyvagal Manual Therapy (PVMT) was born as a bridge to connect psychology, psychiatry, trauma therapy... with manual therapies such as osteopathy. Our training as osteopaths and trauma therapists has strongly marked us and made us understand the distance between these worlds, which, in truth, are the same world, the individual.

With the support of the Polyvagal Theory of Stephen Porges and the principles of Andrew Taylor Still's Osteopathy, we seek to unite these disciplines to address physical and mental problems. We are convinced that unity is strength and in this case more than ever.

Our initial methods address physiological states as fundamental therapeutic part of human development. Understanding physiological broadens the therapeutic landscape and guides understanding the patient's symptomatology. Connective tissue listeningand traditional tests place us in the area where the body has its functional physical, emotional and problems, symptomatic or asymptomatic.

From a polyvagal basis and respecting the osteopathic principles of the nature of the human body and its environment, our therapy begins.

"Our strongest points are integration and interoceptive and exteroceptive correction."



#### TO WHOM IS IT ADDRESSED?

If you are a physiotherapist, osteopath, chiropractor, physician, manual therapist... you can't miss it.

#### **TRAINING**

Our training has the basic principles of the PolyvagalTheory in manualtreatment of patients with physical and mental problems.

Our courses are innovative in the Polyvagal manual approach with neural, vascular, myofascial and Somato-Emotional mobilization techniques.

As we know, trauma lives in the body, it is an experience that lives in the tissues, and our approach is to integrate areas that are under-stimulated or excluded, seeking a homeostasis of the organism in general.

The understanding of the Polyvagal Theory of Stephen Porges, its inclusion in manual therapy and the regulation of physiological states, also using soft tissue manipulations, are the main objectives of this training.

We will learn to identify the patient's physiological states through a detailed inspection, as well as to identify pathological or dysfunctional areas through the hands.



### **Indications**

### Physical problems:

- Gastric Of
- The TMJ
- Chronic pain
- Tachycardia
- Respiratory
- Swallowing
- Postural
- Migraines
- Headaches
- Vision and/or hearing
- Neck pain
- Dental problems...

### **Emotional problems:**

- Anxiety
- Insomnia
- Stress
- Addictions
- Compulsiveness
- Heart problems
- Chronic pain of emotional origin
- Communication problems
- Depression
- Post-traumatic stress...



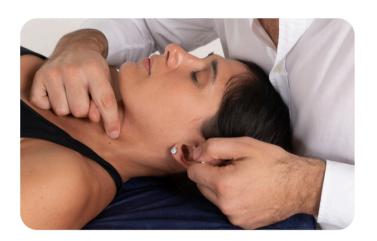
## Program

Manual Therapy

(INSTITUTE)

4 Modules of 3 days each | 100 hours

#### **PVMT1**



**PVMT2** 



**PVMT3** 



**PVMT4** 



### PVMT1

### **PROGRAM**

- Historyof the Polyvagal Theory and Stephen Porges.
- Principles of the Polyvagal Theory.
- Applications of the PolyvagalTheory.
- The therapeutic journey.
- How to combinemanual therapy and Polyvagal Theory.
- Anatomy, embryology and functions of the ANS.
- Anatomy, embryology of the vagus nerve.
- Principles of myofascial techniques.
- Principles of neural techniques.
- Topographic anatomyof the face and neck:anterior part.

#### **Treatments:**

- INSTITUTE
- Mimicand swallowing muscles.
- Vagus nerve (superior and inferior ganglia).
- External, internal and inferiorlaryngeal nerves.
- Trigeminal nerve (V1, V2 and V3) and its branches.
- Hypoglossal nerve and its connections.
- Glossopharyngeal nerve.
- Facial nerve.
- Use of levers as a neuralaid: tongue.
- Exercises to stimulate the ANS.

### **PROGRAM**

### PVMT2

- Concepts of the Polyvagal Theory 2.
- The brain: how many do we have?
- Doesmemory really exist, is it fixed, where is it stored?
- The global and specific vision of trauma.
- Dependency Biology.
- Auditory therapy;
- Safe and Sound Protocol (SSP):
- Functions and applications.
- The autonomic nervoussystem: "the sympathetic".
- Physiological states, in depth.
- The voice: long lever par excellence.
- Posterior cervical anatomy.
- Principles of neurovascular techniques.
- Vascular anatomy of the brain, neck and thorax.
- Anatomy, listening and palpation of the skull.

#### **Treatments:**

- Diagnosis: Differential listening cerebrovascular, vertebral artery, middlecerebral artery and internal jugular.
- C1 "The Atlas from anotherpoint of view".
- The intercostal nerves.
- Vertebral and basilararteries.
- Cerebral arteries: polygon of Willis, middle, anterior and posteriorarteries...
- Cervical and thoracic vagus nerve.
- The oculomotor nerve and its parasympathetic implications.
- The superficial and deep cardiacplexus. The accessory nerve.
- The phrenicnerve and its connections.
- The glossopharyngeal nerve: "the tongue, the queen of the mouth".

### PVMT3

### **PROGRAM**

- Polyvagal Manual Clinic.
- Study of physiological states.
- Analysis of the new concept of stress.
- Anatomy of the abdomen and pelvis.
- Upward-descending informational pathway betweenthe body and the mind.
- How do we feel what we perceive?
- How do emotionsaffect us?
- What are emotions, feelings and thoughts?
- Emotional and Sentimental processing theory.
- Polyvagal manual integration.
- The enteric systemand its functions,
- The unmyelinated vagus nerve of the abdomen.

#### **Treatments:**

- "Region of the thorax, abdomen and pelvis".
- Techniques for the esophageal plexus.
- Techniques for the celiacplexus and its connections.
- Techniques for the splanchnic plexus.
- Techniques for the aortic-renal plexus.
- Techniques for the hepatic plexus.
- Techniques for the superior and inferior mesenteric plexus.
- Techniques for the unmyelinated vagus nerve of the abdomen.
- Introduction to techniques for emotional treatment.

### **PROGRAM**

### PVMT4

- Polyvagal Manual Therapy Clinic 3.
- Understanding the sacral parasympathetic and its relationships.
- Reproductive organs and their emotional traumas.
- Trauma in the sexual act at a cultural level.
- The role of feelings in memory.
- The Polyvagal Theory and its current growth.
- The role of the manualtherapist in the psychological treatment of the patient.
- Understanding cultural homeostasis.
- Supplementation as a tool for homeostatic balance.
- Emotional treatments for the human organism.

### Treatments: Manual Therapy

### "The sacral parasympathetic"

- Nuerologic treatment for the Cannon Böhm area.
- Neurological treatment for splenicflexure, descending colon, sigmoid.
- Treatment for the sciatic nerve and the sacral splanchnic plexus.
- Treatment for the medialcluneal nerves.
- Treatment for pudendal nerve.
- Combined treatment for the sacraland lumbar plexus.
- Neurological treatment for the pelvicorgans.
- Emotional and sentimental treatment: "stipulation and discharge".

# International Teachers



### **MATÍAS CHAHAB (ITALIA)**

PT, DO, BI-D, PVMT, Creator y developer of PVMT DEVELOPER. International PVMT and BI Professor



### LAURA GÓMEZ GUÍO (ESPAÑA)

PT, CO, CVMP, PVMT, Somatic Experiencing Practitioner (SEP). International Teacher Assistant PVMT. International Teacher BI.



### This is for you!

### **REGISTER:**

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