



## **CONSERVATIVE ORTHOPAEDIC MEDICINE**

Today, almost every major clinical specialty in modern allopathic medicine offers its patients two main treatment modalities – operative (surgery) and conservative (non-surgical procedures). For example, we can point to abdominal surgery and gastroenterology for the treatment of diseases of the abdomen, neurosurgery and neurology for diseases of the nervous system, cardiac surgery and cardiology for diseases of the heart, or endocrine surgery and endocrinology for diseases of the glands.

However, the treatment of musculoskeletal disorders does not enjoy such clinical and practical organization. The specialties of orthopaedics and traumatology presuppose surgery alone. All other non-surgical systems, methods and techniques for the treatment of the motor system are in the hands of therapists who, at least formally, are isolated from orthopaedic medicine and traumatology. This development is not in the best interests of such therapists nor of their patients.

On the one hand, orthopaedic surgeons study general medicine for six years, and then specialize for five years. That is, to start operating on patients, they need a minimum of eleven years of highly organized university-level education. On the other hand, therapists such as chiropractors, osteopaths and physiotherapists study for an average of five years, while massage therapists, acupuncturists and all manner of alternative manual therapists (yumeiho, shiatsu, acupressure, reflexology) 'qualify' with a few months of courses. The differential in the quantity and quality of training between orthopaedic surgeons and all other non-surgical therapists is considerable.

It is important to note that therapists' inadequate training does not mean that their therapy is any less important to the patients' health than surgical interventions. On the contrary, for example in the case of a limb bone fracture, the surgical treatment involving the alignment of the bone fragments, their eventual metal osteosynthesis, soft tissue treatment (evacuation of haematomas, and muscle and dermal sutures) and subsequent cast immobilization take a few hours on average. This is all the surgeon does – a critical initial intervention designed to ensure normal bone consolidation and subsequent control of the

surgical wound. As far as orthopaedists are concerned, this is all that is required for the patient to heal. Unfortunately, such a position is acutely divorced from reality. That is because the surgeon, despite operating in a sterile environment, cannot guarantee that the wound will not suppurate, and that osteomyelitis will not develop with a subsequent formation of pseudoarthrosis leading – in severe cases – to loss of the limb. Nor can the surgeon ensure that Sudeck's atrophy, excessive callus hypertrophy leading to compression of surrounding tissues, hyperplasia of the operative cicatrix supporting brain pathological dominants and reflex functional lesions in distant parts of the body (Huneke's effect) will not form.

Not to mention how helpless or downright ridiculous some orthopaedists become when, after the intervention, they begin counselling their patients on the rehabilitation strategy. Rehabilitation therapists would be just as ridiculous if they tried to suggest how to conduct the surgical treatment. Orthopaedists sometimes look down on therapists who will care for patients in the post-operative period. But they often forget that acupuncture and therapeutic dry needling, manual soft tissue techniques, joint mobilization and manipulation, physical therapy, and motor rehabilitation have never formed part of their curriculum. Therefore, although they have a leading role in the integrative therapy process, it is appropriate that they do not instruct patients in matters outside their expertise. The same applies to rehabilitation therapists. They cannot give an opinion as to whether a pathological process requires surgical treatment without precise expertise and clinical thinking for which they are not formed and to which they are not entitled.

The problem is that after some severe traumatic or degenerative musculoskeletal disorders requiring initial surgical treatment and months of rehabilitation, the issue is not at all which is more important to the patient's health, the surgeon or the rehabilitator, but understanding and accepting that both sides of the integrative healing process are each indispensable.

The fact is that if the surgeon is incompetent and makes mistakes in the operation, these mistakes could not usually be compensated by the therapist, just as after a brilliant intervention the surgeon would not see the fruits of his work due to incorrect or poorly conducted rehabilitation.

With this in mind, a fundamental reform is needed in the educational journey of non-surgical therapists, both in post-operative care and pre-operative preparation methodology.

There is also a need for a change in their socio-professional status because only psychiatrists and sports physicians are accorded the respect necessary for their self-esteem as medical executives, whilst all others remain non-physicians, lacking the ability and the right to think clinically, make diagnoses and in most cases conduct therapies without these being explicitly prescribed or supervised by a physician.

What is needed is the introduction of a single educational standard in the training of therapists, and a new, more expedient bundling of therapeutic modalities so that the patient does not have to see several different therapists to manage the same illness; such as a massage therapist, osteopath, chiropractor, acupuncturist or physiotherapist for example.

Not to mention that massage therapists massively presume to manipulate joints (which borders on negligence, especially when manipulating the cervical spine due to the high risk of damaging the vertebral arteries responsible for half of the brain's supply), osteopaths to perform physiotherapy, chiropractors to apply acupuncture... that is, for each to use techniques and methods they do not know and cannot apply proficiently. Equally shocking are the activities of so-called 'folk healers' – uneducated laymen full of noble intentions to help the suffering, but carrying out dangerous procedures which might frankly amount to criminal practices.

The necessary reform is the introduction of a novel medical specialty which will, according to a uniform standard, unite all the practices and methods available for the treatment of the motor system of the body.

Of the conservative (non-surgical) methods of therapy of the human motor system known today, those of greatest clinical relevance are:

- 1. Manual soft-tissue techniques:** massage, acupressure, shiatsu, Cyriax friction, Ninov Myopressure, myofascial and connective-tissue techniques – all these and many more similar forms of therapeutic influence on the soft tissues located on the skeleton; skin, fascia, contractile part and collagen matrix of muscles and indirectly vessels and nerves.
- 2. Manipulative skeletal therapy,** otherwise known as 'joint manipulations': the subject of chiropractic, osteopathy and manual therapy.
- 3. Medical needling:** acupuncture, Ninov's MyoPuncture, Gunn Intramuscular Stimulation, Simon's dry needling, medicated infiltrations.
- 4. Physiotherapy:** laser, electrotherapy, magnetic fields, thermotherapy, and more.
- 5. Motor rehabilitation** (kinesiotherapy).

These five broad groups of therapeutic methods form the five pillars of the future medical specialty which, at our suggestion, was named 'Conservative Orthopaedic Medicine' or Conservative Orthopaedics. With an optimal curricular organization, this new specialty is intended to complement, and in many cases therapeutically replace orthopaedic surgery.

This novel and sophisticated medical discipline, taking its rightful place in the family of other clinical specialties as part of modern allopathic medicine, will in turn make redundant many traditional and conceptually outdated therapeutic methods.

As noted above, Conservative Orthopaedics is a novel medical specialty, standing as an alternative to surgical orthopaedics. It was formulated and presented to the scientific community for the first time by Dr Chavdar Ninov as his own therapeutic methodology –

**Ninov Conservative Orthopaedic System.** This is unprecedented in its synergistic combination of dry needling, soft tissue manual techniques, joint manipulations, specific physical factors and motor rehabilitation. It is the first complex model of functional, non-surgical orthopaedics since the time of James Cyriax in the mid-20th century.

Dr Chavdar Ninov is a holistic scientist who has searched for the optimal model for safeguarding human motor health with the same passion that the medieval alchemists searched for the philosopher's stone, and he has done so for over 40 years. He has formulated etiological factors, morphological substrates and pathological phenomena hitherto unknown to science, explaining the underlying reasons for why every human being, at one time or another in their life, will suffer from the most prominent silent pandemic known to history – musculoskeletal disorders. It also reveals the specific pathogenetic pattern by which they occur and proposes a system of optimal diagnostic, therapeutic and preventive measures to enable every human being to enjoy a life free from debilitating pain.

As a physician, Dr Chavdar Ninov has helped a considerable number of afflicted over a practice which spans nearly half a century. As a professor, he has trained and licensed thousands of doctors and other medical practitioners in his methodology. Through his students, he has helped even more suffering patients throughout the world.





## **NINOV ORTHOPAEDIC SYSTEM CERTIFICATION PROGRAM UNIVERSITY-ACCREDITED TRAINING IN CONSERVATIVE ORTHOPAEDIC MEDICINE**

**SETTING THE STANDARD FOR THE TREATMENT AND MAINTENANCE OF THE  
HUMAN MOTION SYSTEM**

### **EDUCATIONAL PROGRAM OUTLINE**

The **Free Motion Foundation**, together with **International Myopuncture Academy** and **Ninov Spine & Pain Clinic** offering complete postgraduate education in the science and art of Conservative Orthopaedic Medicine. This is organized in the form of basic and advanced (master) courses. After James Cyriax, this is the most complete training program in this field in Europe, and likely beyond. It is unique in that it is the only educational program that offers a comprehensive foundation in all the pillars of non-surgical orthopaedic medicine.

The establishment of this program was necessitated by the continued inability of pre-existing therapeutic methods such as chiropractic, osteopathy, physiotherapy and acupuncture, and of medical specialties such as orthopaedics, neurology and rheumatology, to cope effectively with the most widespread silent epidemic – neuro-musculoskeletal disorders and the persistent pain connected to them.

It has been discussed above that orthopaedic medicine has not evolved properly. For the last century, operative surgery has been the priority, while rehabilitation and physical medicine lurk in the shadows. Our educational program aims to correct this scientific and professional neglect.

Through completion of the curriculum and certification process, students will develop their careers by obtaining a repertoire of eclectic therapeutic tools. This course is designed to

enable them to implement a systematic, science-based treatment program aimed at the complete recovery of patients suffering from neuro-musculoskeletal disorders, pain and performance deficits.

After successful completion of the entire program, students will return to their practice armed with critical information and experience, including:

1. Basic knowledge of Applied '3D' Anatomy, Neuro-Muscular Physiology, General Pathology and various clinical subjects.
2. The ability to perform and interpret clinical examinations and develop accurate diagnoses will help understand premorbid and stress-related problems that typically escape explanation.
3. Strategy for creating a personalized therapeutic program and use of conservative orthopaedic techniques as a primary treatment, or in collaboration with medications and other interventions.
4. Mastery of needle techniques, joint manipulations, manual muscle management (orthopaedic massage), application of various physical factors and motion rehabilitation.
5. Successful management of persistent, difficult-to-treat neuropathic pain and reducing dependence on pharmaceuticals.

### ***How is this program different from others?***

This is a question asked by many course participants. The most succinct answer is – integrity and efficiency. We seek to ensure that every participant completing the program is apt in this important discipline and ready to incorporate it into practice immediately after completion.

Our students will be able to deal with most health issues affecting the musculoskeletal system, such as inflammatory and degenerative diseases, every day wear-and-tear, sports trauma, visceral syndromes affecting the motion system, compensation of certain genetic imperfections and psychomotor disorders.

This program is adaptive by definition, and is not restricted to a single orthopaedic school, theory or practice.

All graduates of the full program will be awarded with a new professional name extension – **Conservative Orthopaedic Therapist (COT)**.

While each educational unit provides students with new therapeutic abilities, each unit has its own informational and therapeutic autonomy. Students may thus apply this new

modality in their everyday practice before they complete the full program. They may also participate in the advanced courses before completing the Basic Course. It is strongly recommended that students fulfill the entire program. We also plan to offer a basic theoretical module online soon.

The format of this program is convenient for the busy practitioner, wanting to assimilate a new discipline: 5-day basic module including live sessions and home study, reinforced with multimedia lectures, reading, video demonstrations and some basic practice of manual, needle and manipulative techniques. This is followed with 10-day practical internship, closely supervised clinical training and direct patient contact.

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*I developed the **Ninov System of Conservative Orthopaedic Medicine** based on extensive scientific research and evidence. This optimal blend of effective therapeutic methods was created for the treatment and prevention of the heaviest spinal traumatic and degenerative disorders, as well as most known forms of musculoskeletal disease.*

*Conservative Orthopaedics – by mainly utilizing dry needling, intramuscular infiltrations, soft tissue manual techniques and joint manipulations – functions efficiently as a standalone healing process, or in tandem with other therapeutic modalities like operative surgery, internal and sports medicine, classic acupuncture and physiotherapy.*

*Over the decades that I have trained and licensed thousands of medical practitioners to utilize my method, I have become convinced that an education in Conservative Orthopaedics is best organized in the form of postgraduate courses for continued professional development, intended for already-seasoned medical doctors, physical therapists, chiropractors, osteopaths and acupuncturists. Only practitioners with a strong grasp of medical subject matter and an extensive clinical practice can understand and effectively apply this advanced medical product.*

**Prof Chavdar Ninov, MD, PhD**

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## **BASIC COURSE PROGRAM**

The basic course consists of 30 hours of contact teaching and allows practitioners to build momentum and gain important theoretical clinical knowledge including:

### **PRECLINICAL CURRICULUM**

1. Applied anatomy of the musculoskeletal system.
2. The system of anatomical markers.
3. The most clinically significant bodily areas.
4. Introduction to the concept of “stress muscles”.
5. Introduction to the importance of the “first spinal line”.
6. Basic neuro-muscular physiology.
7. Basic pathology and main pathological processes affecting the musculoskeletal system: inflammation, dystrophy, necrosis and pain.
8. Fundamental methods for the treatment of the musculoskeletal system from various clinical disciplines:
  - a. Orthopaedics and Traumatology.
  - b. Neurology.
  - c. Rheumatology.
  - d. Genetics.
  - e. Pathophysiological Concept of Pain.
  - f. Contraindications.
9. The Art of Diagnosis:
  - a. Status and Anamnesis.
  - b. Inspection.
  - c. Palpation.
  - d. Physical Examination.
  - e. Interpretation of Clinical Laboratory, Electro and Imaging Tests.
10. Correlations between modern physiotherapy, dry needling and manipulative skeletal therapy.
11. Manual muscle management – Myopressure and Integrative Chinese Qi-Gong massage.

### **MYOPUNCTURE AND MYOPRESSURE CURRICULUM**

1. Dry Needling indication and contraindication.
2. Myopuncture and Myopressure.
3. Acupuncture.
4. Biopuncture.
5. Needling and vacuum.
6. Most important muscles for needling treatment.
7. Stress muscles.
8. System of anatomical markers.



9. The most clinically significant bodily areas.
10. Electro-stimulation.
11. Puncture and physiotherapy.
12. Puncture and traction therapy.
13. Puncture and joint manipulation.
14. Puncture and analgesia.
15. Soft-tissue manual treatment.

## **MANIPULATIVE SKELETAL THERAPY CURRICULUM – THEORETICAL ELEMENT**

### **I. Detailed study of the phenomenon of joint manipulations:**

1. Joint play.
2. Joint blockage.
3. Joint hypermobility.
4. Capsule and ligament lesions.
5. Muscle fixations.
6. Denervation.
7. Lack of adequate muscular function and muscular defence.
8. Joint paraphysiologic space.
9. Manipulative mobilization.
10. Manipulative vector and manipulative thrust.
11. Distraction of articular surfaces.

### **II. Vertebrology:**

1. Activator method Basic Scan Protocol.
2. Second phenomenon.
3. Ninov 80% rule.
4. Techniques of the spine (lumbar, dorsal, cervical).
5. Techniques of the thorax.
6. Techniques of pelvis.
7. Techniques of the cranio-cervical transitus.
8. Techniques of the limbs and TMJ.
9. Disc protrusion, herniation, root compression.
10. Ligament hypertrophy.
11. Constitutional factor.
12. Scar hyperplasia.
13. Bone deformity.
14. Facet arthrosis.
15. Baastrup syndrome I and II.
16. Spinal deviations.
17. Vertebro-visceral phenomena.
18. Systemic diseases.
19. Injuries.

### **III. Peripheral joints:**

1. Osteoarthritis.
2. Criteria for prosthesis.
3. Differential diagnosis between functional and morphological alteration.
4. Surgical indications.

### **IV. Pre-manipulative muscular treatment:**

1. Manual.
2. Needling.
3. Physiotherapeutic.
4. Motoric.

### **V. Stages and periodization of therapeutic activity.**

### **VI. Total time and business organization of therapeutic activity.**

## **MANIPULATIVE SKELETAL THERAPY CURRICULUM – PRACTICAL ELEMENT**

1. Holistic vertebral revision (chiropractic assessment & adjustment).
2. Neuromuscular correlations.
3. Nerve root decompression.
4. Intercostal neuralgia.
5. Traumatic dislocations.
6. Abriss fractures.
7. Aseptic necrosis.
8. Basilar impression.
9. Cervico-cranial disposition.
10. Cervico-brachial and lumbo-sacral radiculitis.
11. Heavy sports injuries.
12. Post-traumatic paralysis.
13. Central brain lesions - strokes, MS, tumors, systemic diseases, trauma.
14. Prevention.
15. Detailed consideration of vertebral areas and peripheral joints, and the method of manipulative therapy of area-typical pathological units.
16. Phenomenon of functionally shortened lower limb.
17. Pelvic distortion.
18. Muscle shortening and fixations provoking spinal and pelvic compensation.
19. The disposition of sacro-iliac joints and symphysis pubica.
20. Dysfunction of the hip and knee joints.
21. Functional deformities.
22. Static deviations of the spine.

23. Facet joint subluxations.
24. Spondylolysis and spondylolisthesis.
25. Pseudo-radicular syndromes.
26. Accessory ribs.
27. Spina Bifida.
28. Lumbalization and sacralization.
29. Disc pathology.
30. Functional pes planus.
31. Differential and pathogenic diagnosis.
32. Early diagnostics, prognostics and prevention.

## **MASTER COURSE PROGRAM**

Entry to the Master Course is reserved for those who have successfully completed the Basic Course and have practiced this method for a sufficient length of time, or those who have reached a satisfactory skill level in the treatment of patients.

Admission to the course is subject to a mandatory theoretical test on musculoskeletal anatomy. The Academy's Board strongly recommends that prospective students revise in detail the skeletal anatomy, peripheral nerve system and the following muscles:

*Masseter, Temporalis, Trapezius, Supraspinatus, Infraspinatus, Subscapularis, Serratus anterior, Levator Scapulae, Scaleni, Sternocleidomastoideus, Pectoralis major, Deltoideus, Biceps Brachii, Triceps Brachii, Extensors digitorum, Flexors digitorum, Latissimus dorsi, Longissimus and Iliocostalis, Quadratus lumborum, Rectus abdominis, Iliopsoas, Gluteus maximus, medius & minimus, Tensor fascia lata, Quadriceps femoris, Adductors, Biceps femoris, Semitendinosus, Tibialis anterior, Triceps surae, Peronei, Flexors and Extensors haluci and digiti.*

The concept of conservative orthopaedic medicine combines medical dry-needling, joint manipulations, soft tissue techniques, physical therapy and rehabilitation in a single procedure. Studying Conservative Orthopaedics at the Master Level is the key to professional excellence in the treatment of the spine and, consequently, the rest of the musculoskeletal system. Proficiency in this discipline places practitioners in a league of their own in the treatment of musculoskeletal pain.

The teaching material is brought in line with the best traditions of the American educational system – Problem-Based Learning, in a context as close to clinical practice as possible.

## **Format and Instructional Methods**

**This Course Unit consists of a 10-day clinical internship:**

- 1. Theoretical Module:** Mixture of live lectures, video and slide presentations.
- 2. Practical Module:** Clinical sessions, where different techniques and methods will be demonstrated and practiced on real patients.

**The advanced Master Course adds comprehensive abilities and a full range of techniques and skills to the already-seasoned practitioners, leading them towards the successful treatment of the most challenging locomotor diseases and syndromes.**

**Included is in-depth analysis of methods dedicated to the treatment of the following disorders:**

- Advanced complex treatment of the spine (from sacroiliac to the atlanto-occipital joints), including TMJ.
- Spinal disk herniation.
- Lumbo-sacral radicular syndromes.
- Idiopathic low-back pain
- Facet joint degeneration.
- Baastrup-I syndrome: infiltrations and manipulative management.
- Management of pelvic distortion.
- Leg inequalities.
- Spine curvature disorders
- Flat footedness.
- Management of paravertebral muscular spasticity and fibrotic degeneration.
- Complete thoracic treatment.
- Cervico-brachial plexitis.
- Periarthritis calcarea.
- Rotator cuff syndrome.
- Epicondylitis cubiti.
- Carpal tunnel syndrome.
- Tenovaginitis.
- Tenoperiostitis.
- Management of pelvis, including the sacroiliac joint, symphysis and hip joints.
- Complex treatment for lower extremity disorders, including:
  - Rectus-pubo-adductor syndrome.
  - Iliotibial band syndrome.
  - Pes anserinus syndrome.
  - Total knee.
  - Ankle and foot management.

The participants of the Master Course will also be taught a complete program for the management of post-traumatic paralysis and advanced treatment of sports trauma.



## **BASIC PRINCIPLES OF THE NINOV ORTHOPAEDIC SYSTEM**

### **ENERGY – POWER – MOTION**

1. The Central Nerve System commands the muscular system.
2. Muscles generate power and move the bones in their joints.
3. Denervated and reflexively shortened periarticular muscles block the joints, which are passively involved in movements.
4. Denervation and neural insufficiency occur with compression of the spinal nerve roots, resulting from compressive contact with supporting structures in the medullary canal and intervertebral foramina.
5. Basic elements of such compressive aggression are degenerated discs, facet joint subluxations and arthrosis, bone deformity, ligamentous hyperplasia and reflexively contracted small paravertebral muscle groups – *mm.rotatores* and *mm.multifidi*.
6. The decompression of the spinal roots and the restoration of muscle innervation – as well as of optimal brain-periphery correlation – is the main therapeutic objective!

7. Ninov Orthopaedic System treats precisely this critical conflict between musculoskeletal and nerve structures – the main etiology of most motion disorders. Its main methods are:
- a. Myopuncture (muscle-periosteal dry needling).
  - b. Myopressure (manual muscle therapy).
  - c. Arthropraxis – Ninov Method of Medical Chiropractic (manipulative skeletal therapy).

*P.S.: This is sample curriculum. Our educational program is highly flexible and adaptive to academic level, professional specialty, regulatory framework, and the practical needs of students. Fundamentally, they will be taught the critically-important paraclinical and clinical information concerning motion pathology and will gain practical knowledge for applying dry needling, soft tissue techniques and joint manipulation in a single academic package. Students with a rehabilitation background are likewise most welcome, as they can combine physiotherapy and physical exercises with the main orthopaedic treatment envisioned herein.*



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