

What is Integrative Manual Therapy?

Introduction

Integrative Manual Therapy (IMT™) is a unique set of techniques, approaches, and methodologies that address pain, dysfunction, disease and disability. Developed by Dr. Sharon W. Giammatteo, IMT is best described as a health care process.

IMT encompasses a wide range of health care practices. It achieves health and healing by taking into account the diverse systems of the human body and addressing dysfunction at the cellular level. IMT practitioners use their hands (among other tools) to diagnose and treat clients.

With offices around the world, IMT offers clients the opportunity for healing, recovery and rehabilitation as an alternative and/or complement to invasive (surgical) procedures or aggressive (pharmaceutical) methods.

Concepts and Techniques

IMT approaches healing from both a structural perspective and functional methodology. This means that IMT addresses pain, dysfunction, disease, and disability by seeking the causes of these challenges. Only after the causes are found and treated can the potential for function re-emerge. Integrative Manual Therapy is not a magic bullet; it introduces new concepts to the body, giving the body an opportunity to heal itself.

Diagnosis

Practitioners of IMT assess clients by using their hands. They feel the body's circadian biologic rhythms and movements by gently placing their hands on the client. (One such example of these rhythms is the heart beat.)

Just as with all other aspects of IMT, the assessment is integrative, taking into account the multiple, complex systems of the entire human body. While some diagnoses result in local treatment, the integrative approach allows for the possibility that what seems to be a local problem to the client and to other medical professionals is in fact a larger regional and/or systems challenge. Dr. Giammatteo developed these diagnostic techniques over the past 30 years. IMT's diagnostic tools include assessments for various tissues in the body such as muscles, connective tissue, arteries, veins, bones and more.

Patterns of pain, dysfunction, disability and disease have been documented over many decades of IMT practice. Often, the diagnosis will consider these patterns. They can be helpful in developing a complete picture of the client's state of health and what is preventing a high quality of life.

Treatment

IMT techniques facilitate healing on a cellular level and encourage tissue repair. As with the diagnostics, the treatment approach is integrated and includes many systems of the body including anatomical, physiological, nutritional, and psychological. Some of the anatomical systems that most often require intervention are bone, muscle, circulation, nervous tissue, the gastrointestinal tract, the urogenital system, brain, and cardiovascular. IMT often addresses physiological systems of hormones, sleep cycles, metabolism, and the way clients handle stress.

Treatment is manual, with the IMT practitioner placing his/her hands on the client's body. Often, multiple systems are addressed to facilitate healing, as pathology or a problem in one system may influence or be influenced by pathology in another system.

IMT treatment of the body can be broken down into three components: treatment of anatomical problems (patho-anatomy), treatment of physiological problems (patho-physiology), and treatment of psychological problems. Most clients' treatment plans involve all of these. The following sections describe them in more detail.

Treatment of Patho-Anatomy

IMT's patho-anatomical treatment addresses the body's structure, improving the integrity of bones, ligaments, discs, nerves, arteries, veins, and more. Some of these techniques involve positioning a person's body in a specific way. Others entail specific hand placements on the body. Patho-anatomical treatment improves the mobility of all these tissues. As a result, patients experience better movement, less pain, improved circulation, and better health.

Treatment of Patho-Physiology

Our patho-physiological treatment has two major components: Physical Functional Medicine and Nutritional Wellness.

IMT practitioners implement Physical Functional Medicine (PFM) by seeking out 'recovery motilities', or biologic rhythms in the body that reflect breakdowns in the body's health, much like smoke indicates the presence of a fire. These unhealthy rhythms develop as protective mechanisms in response to an injury, infection, or other problem. While the body also has healthy rhythms, the aberrant, compromised rhythms can endure for many years. IMT practitioners are familiar with numerous recovery motilities.

Recovery motilities can be located locally, regionally, systemically and/or totally throughout the body. IMT practitioners use treatment techniques to eliminate these protective recovery motilities, and then address the initial cause of the pain, dysfunction, disability or disease. Their goal is to help the body achieve homeostasis, or stability, of these rhythms.

Nutritional Wellness

The Nutritional Wellness component of IMT for patho-physiology encompasses diet and supplements. Diet is not necessarily about calories, restrictions, or intake of certain foods, although it can be. For the IMT practitioner, diet is a tool for healing. During specialized 'Intensive' therapy weeks, the IMT practitioner works with IMT nutritional specialists to recommend dietary changes only to prevent further harm to the body's homeostasis and physiology.

Nutritional supplements play an integral role in treatment of patho-physiology as well. When recommending supplements for healing, nutritional specialists consider how supplements may interact with medications, how they interact with each other, and what the right amounts are.

A Psychotherapeutic Approach

Our psychotherapeutic approach involves a process called 'Integrative Diagnostics for Applied Psychosynthesis' (IDAP) performed by IMT practitioners. IDAP is a unique process that involves gentle dialogue, visualization, and specific IMT techniques to decrease emotional stress in the body.

Who are IMT Practitioners and What is Their Training?

Dr. Sharon W. Giammatteo founded Integrative Manual Therapy and has trained hundreds of practitioners. Many of them practice IMT as a specialization, and integrate IMT into their regular health care practice.

IMT therapists, on the other hand, practice IMT in dozens of centers around the world called CenterIMT. Many of them specialize in certain systems such as neurology, spinal cord rehabilitation, neurodegenerative disorders, etc. A complete listing can be found at the end of this paper. IMT's headquarters is in Bloomfield, Connecticut.

IMT therapists are trained in the specific diagnostics, techniques, and protocols of IMT. They continually update their skills and attend seminars, many of them taught by Dr. Giammatteo. Those therapists who work for CenterIMT typically begin their IMT training with prior degrees in the health care field, including Master's Degrees and Doctorates, and are accomplished in various fields including Physical Therapy, Occupational Therapy, Chiropractics, Psychology, Acupuncture, and Cranial Therapy. In addition to their prior training, they all have an expertise within IMT, working with all client populations.

IMT practitioners and therapists seek to work with other health care providers to find the best answer for each client. In other words, the client is their own case manager. IMT practitioners believe that each client ultimately is responsible for his or her own health care process.

Who are IMT Clients?

IMT was originally developed for neurologic and orthopedic patients in the late 1970's. Dr. Giammatteo began by seeking solutions for her own low back pain, sciatica, and headaches. Today, IMT techniques address pain, dysfunction, disability and disease in all types of people of all ages including infants, children and seniors.

Client populations are treated according to their specific manifestation. While there are some general techniques that work for everyone, IMT uses case-based medicine. This means that practitioners who are treating a certain dysfunction in an individual use specific protocols for that dysfunction. They are able to document patterns and build upon previous information while considering the individual before them. This continual building of information on a case basis helps IMT develop new techniques, training, critical thinking and diagnostic tools.

Examples

The following examples show how the diagnostics and treatment of IMT work.

Attention Deficit Disorder (ADD)

A child who has trouble concentrating would be assessed using the techniques outlined in the "Diagnosis" section. If the IMT practitioner found positive diagnostics on the frontal lobe of the head, the child has ADD. The frontal lobe is responsible for intelligence, concentration, judgment, perception and attention. If however, the diagnostics are not positive on the frontal lobe, the practitioner would investigate other areas. It might be the case that the child has vision difficulties. The occipital lobe (responsible for vision) located in the back of the head would be tested. Occasionally, the ears are the problem. And so on.

Shoulder Pain

An IMT practitioner would assess shoulder pain by first finding the source of the pain. This could be local (at the shoulder), regional (neck and arm, for example), systemic (inflammation of all joints, immune system breakdown), or total body (infection in the circulatory system). If the practitioner did not find any evidence of tissue dysfunction at the shoulder, s/he might investigate the 5th vertebral body of the cervical spine. This area of the spine provides nerve innervation to the tissues and structures of the shoulder girdle region.

Low Back Pain

A more complex situation might be low back pain that is not responding to treatment. In this case, the IMT practitioner would look at the organs which sit in the low back area. The sigmoid colon (the end of the colon), for example, might exhibit dysfunction due to a gastrointestinal problem. Or it might have lost its integrity, resulting in a 'leaky gut' situation. If the client has food allergies, the IMT practitioner would investigate the cecum and ileocecal valve (the beginning of the colon) which are often associated with low back pain. The practitioner might look at the L5 disc as well. The L5 disc has multiple types of cells and fibers. IMT has developed specific techniques for addressing problems in these fibers. And, when used in combination with bone, joint, and nerve tension techniques, they can resolve the low back pain completely.

Hip Pain

Pain in the right hip may be exhibited by a protective muscle spasm of the muscles of the right pelvis (such as the iliacus and psoas), fascial dysfunction in the specialized gluteal fascia of the buttocks, a spasm in the arteries of the right pelvic bowl, and constrictions of the veins in the right pelvic bowl. Nerve tension might also be present. All of these examples might be present secondary to a 'bone bruise' on the right ilium. When there is a bone bruise, typically the body will create muscle spasm, arterial spasm, and other tissue reactions to limit motion in the area so that the bone bruise is protected. The IMT practitioner can access that bone bruise, use 'The Bone Bruise Technique' (developed by IMT) and eliminate all the secondary protective modes.

IMT Organizational Structure

IMT has a clinical arm, an educational arm, and a research arm. IMT practitioners treat clients in centers called CenterIMT (Center for Integrative Manual Therapy and Diagnostics). They are located throughout the world (see end for complete listing). Their headquarters is located in Bloomfield, Connecticut.

IMT seminars are presented through Dialogues in Contemporary Rehabilitation (DCR). DCR was passed on to Dr. Sharon W. Giammatteo by Mary Fiorentino in 1986. Today, over 250 courses in IMT are taught worldwide every year. The seminars attract students from health related fields such as Physical Therapy, Occupational Therapy, Massage Therapy, Speech Pathology, Audiology, Chiropractics, Naturopathy, Allopathic Medicine, Osteopathy, Nursing, Special Education, Dentistry, and others.

Research and development at CenterIMT is constant. New techniques and protocols are created every day based on clinical research and patient care. Several IMT practitioners are focusing their doctoral research on the field of IMT.

Future Directions of IMT

A new direction of IMT is 'Manual Pattern Recognition' (MPR). This diagnostic and treatment tool uses the hands, as many IMT diagnostics and treatments do. However, it aims to learn more about pain, dysfunction, disease and disability by focusing on different areas of the hand. IMT practitioners are finding that specific regions of the hand perceive different problems in the body.

IMT will continue to develop diagnostics and treatment protocols using case-based medicine and by communicating with health care professionals from different fields. Physical Therapists, Occupational Therapists, Massage Therapists, Speech Pathologists and Audiologists, Chiropractors, Naturopaths, Acupuncturists, Psychologists and Psychotherapists, Body workers, and other health care professionals have information that benefits the client and helps provide the best health care.

In August 2003, the Integrative Manual Therapy Association formed to support the professional needs of those practitioners who deliver Integrative Manual Therapy. IMT Global Health followed in November 2003 as a nonprofit organization that will raise funds and apply for grants to provide high quality, patient-centered programs. Its vision is to also lend financial support to qualifying individuals so that they might obtain access to treatment.

How Do I Find out More?

Please contact IMT's Patient Liaison, Mary O. Farrell at (203) 269-4332, or visit our website at www.CenterIMT.com. You may contact the Bloomfield, Connecticut office at:

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Dr. Sharon Weiselfish-Giammatteo

Dr. Sharon W. Giammatteo is President of CenterIMT, Center of Integrative Manual Therapy and Diagnostics, including Regional Physical Therapy in Connecticut. CenterIMT is a network of health care centers providing manual therapy and rehabilitation in the United States, Canada and Europe.

Dr. Giammatteo earned an undergraduate degree in Advanced Health Sciences and Medicine, a graduate degree in Clinical Neurosciences and a doctoral degree investigating manual and cranial therapies for the neurologic client from Wingate Institute of Physiotherapy in Israel. She is President of Dialogues in Contemporary Rehabilitation (DCR), the learning, resource and research center for IMT in Connecticut. DCR presents over 250 seminars around the world each year. Their authorized Connecticut School of Integrative Manual Therapy is situated in Bloomfield, CT.

Dr. Sharon W. Giammatteo developed Integrative Manual Therapy™, the Integrated Systems Approach™ and Integrative Diagnostics™. She has taught on 5 continents as an expert in orthopedics, chronic pain, pediatrics, neurologic and geriatric rehabilitation.

CenterIMT Locations

Please visit our website www.CenterIMT.com for details. Locations include:

Los Angeles, California	Boston, Massachusetts
San Francisco, California	Cherry Hill, New Jersey
Bloomfield, Connecticut	Fairlawn, New Jersey
Glastonbury, Connecticut	Manhattan, New York
Boulder, Colorado	Brewster, New York
Colorado Springs, Colorado	Asheville, North Carolina
Washington, DC	Cherry Hill, Pennsylvania
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If you have any problems or if you prefer to write directly you can e-mail Victoria L. Pilkington, CEO with the Integrative Manual Therapy Association at IMTA@IMTAssociation.org. If you ever want to remove yourself from this mailing list, you can send a blank e-mail to: IMTA@IMTAssociation.org with Unsubscribe in the subject line. You will be removed immediately upon receipt of your e-mail.

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