On Janda's Approach

Janda's neuromuscular and functional approach further developed the biotensegrity concept by considering the whole-body as a coordinated, integrated, interdependent, and functional unit in contrast to the structuralists' viewpoint.

Janda's motif of interrelated chains (e.g. articular, muscular, myofascial, and neurological) carried over into his assessments from posture and gait analysis to movement pattern (MP) , muscle length testing (MLT), and soft tissue assessment (STA) (Page, Frank, & Lardner, 2010). Dysfunction along any part(s) of the chain(s) could be expressed locally and/or globally (Page et al., 2010).

A key concept in Janda's process was "global before local" (i.e. big picture before zooming into focal points) as is demonstrated by the order of assessments (gait and posture followed by MP, MLT, STA) (Page et al., 2010). Dr. Clare Frank described Janda as bringing a global approach to the movement system, not just treating one impairment but finding the key link amongst the chains (Heiler, 2010).

Another key idea in Janda's practice was "function before structure"; Janda first studied gait and MP before MLT and STA (Page et al., 2010). Janda's assessment was multidimensional (factoring in strength, timing [of activation], activation, and sequencing) respective of the neuromuscular approach as opposed to the unidimensional "classic structuralist's" manual muscle testing (Page et al., 2010).

Janda's assessment techniques and application are compatible with other foundational concepts in this course including tonic/phasic systems and imbalances--muscles predispositioned towards tightness/shortening/hypertonia and others towards weakness(and/or inhibition)/lengthening/hypotonia (Heiler, 2010; Page et al., 2010). Janda noted sometimes muscles were overly shortened to a point they were unable to generate adequate tension, and hence tested weak, "tightness-weakness" (Heiler, 2010; Page et al., 2010). "Long/weak" muscles may not really be "weak"; they may be inhibited more so than weak due to their antagonists and/or synergists (Heiler, 2010). Janda's multifactorial assessment is helpful in giving the clinician clues to the problem especially when the problem is expressed as multiple dysfunctions (proximally/distally).

Phil Page asked Janda after a lecture, "Where are your references?"(Nickleston, 2011) Janda replied, "I am the reference; are you kidding me?" Page commented on the controversies -- "evidence and practice do not always fit perfectly together; it is as much an art as it is science" (Nickelston, 2011). I think Janda's assessments were based on sound research, and research since then has supported many facets of his approach.

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One example of the body's interrelatedness is breathing pattern disorders (BPD), defined as "inappropriate breathing that is persistent enough to cause symptoms with no apparent organic cause"; BPD can present as a musculoskeletal dysfunction (Bradley & Esformes, 2014). Bradley & Esformes' study (2014) demonstrated a relationship between BPD (biochemical and biomechanical elements) and functional movement (Functional Movement Screen scores). Janda's methods are legitimate and have been incorporated into the current dynamic neuromuscular stabilization (DNS) work of Pavel Kolar which emphasizes developmental kinesiology, precise muscular timing, and coordination (Frank, Kobesova, & Kolar, 2013). I would use both DNS and Janda's principles; I agree with their movement philosophy. I think the studies and results by other professionals are very favorable. However, one must be wary of scope-of-practice as some techniques are reserved for clinicians/medical professionals only.

References

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