Hands on dissection schedule outcomes

Each day starts with a circle time of around 45 minutes where we touch base with each other, check in, share any thoughts or experiences and set our intent for the day. For some, myself included, there is an impatience to get in to the lab and start the process of exploring and time spent not doing that is time wasted; it's not, trust me.

These few minutes allow us to focus on what is going to happen during the day, as well as reflect on what has happened the previous day or days and gives us some vital direction as to where we want to be by the end of the coming day. It can allow us time to ask questions about whatever has popped up and to deal with any challenges that any of us are facing. In some cases we don't realise that we are experiencing challenges until it's raised by someone else. This circle time is not optional.

Because the actual dissection process takes place in teams working on tables, this time also brings us together as people experiencing something together.
The list below is a rough guide as to how the class will progress.

We are loathe to add a time frame as people tend to progress at different rates; that said, roughly, the days are as follows:

The specifics of each class will often be determined by the questions and motivation of the class members.

We will sometimes find that a more detailed understanding of a tissue or structure is asked for and questions around physiology and theory might come up and time will be taken to explain or discuss some of these.

This is not a class with a test at the end and as a result we are able to be flexible and adapt to the interests of those attending.

There will always be time limitations to any class and we won't be able to cover everything, no matter how much time we have. However we will do our best to point you in the direction of further information and resources and of course will always suggest you come back and take the class again!

Overview of outcomes

Exploring the relationship between the **skin** and the **superficial fasci**a and that of the superficial fascia to the deep fascia

Examining the concept of adipose and its role in endocrine function

Examination and discussion of current scientific thinking regarding the 'new organ' the interstitium. Discussion about the role of manual therapy and movement on the fluid components of this structure

The **deep fascia**, its biochemistry, its relationship to the muscles and its place in the connective tissue family

Muscles: connectivity and continuity

Maintenance of muscle shape and structure via connective tissue

Discussion of the stabilisation role of tissues distal to specific function

The superficial to deep **abdominal layers** and their fascias and connections

Discussion of the role of fascial anastamoses, raphes and decussation, force loading, distribution and transmission

The role of fascia as a pain generator.

The **external genitourinary systems** and their fascial components

Examining respiratory function, inflating the chest and examining accessory structures and abdominal pressures

The **viscera**, both abdominal (liver, spleen, stomach, duodenum, large & small intestine) and thoracic (heart pericardium, lungs, pleura, thymus, oesophagus)

Addressing the role of the **diaphragm** and its central stabilisation in upright functional humans

Discussion of the **digestive process** and exploration of digestive tract

Examination of visceral adhesions and their pathology

Dissection and exploration of the omentum and anatomical comparisons of variations of location in each cadaveric specimen

The role of the **liver** and the impact of structures such as the diaphragm on the viscera

Following the removal of the rib cage, the lungs will be reinflated and the fascial components making up the **mediastinum** will be examined. The **fibrous pericardium** will be dissected away from the the central tendon of the diaphragm before examining, discussing and dissecting the **heart**

Examination of the different **pleural components** in the thorax and the effect that MSK function has on these

The **pelvic floor** and the **internal genitourinary and reproductive systems**, their muscular components and structures

The **spinal cord, brain** and **CNS** including the **cranial nerves**

Examination of important **joint structures** and their roles in movement, mobilisation and disease, especially, but not limited to the SI joint, knee joint and cervical spine

We welcome any ‘projects’ that students to the class may bring but we stress that at all times anything that you wish to explore needs to be carried out with the permissions of ALL of the people on your table.