Core Pressure Restoration

An IPA-informed framework for assessing a task, testing a change and checking whether it carries over. Core Pressure Restoration names a clinical perspective and does not have established efficacy as a treatment package.

Start with the task the person wants back

Describe the duration, load, pace, position or support. Pick a meaningful outcome, such as comfortable driving time, effort during chair descent or recovery after a familiar lift.

Ask one question for each IPA component

Mechanical capacity. Is the range the task needs available in a relevant position?

Neuromuscular function. Can the person initiate, sustain, grade and release effort? Consider active lengthening when the difficulty shows up during deceleration.

Motor control. How do the trunk, limbs and breathing organize the whole task?

Check adaptability and carryover

Example. A person stands from a chair easily and drops during the final part of sitting. Compare descent with a consistent setup and one change. Note whether a change persists without the cue, transfers to another chair and is still useful at home. An immediate response refines a hypothesis. It cannot establish a tissue diagnosis or a measured pressure.

Clinical guardrails

Distinguish active eccentric control from passive excursion and relaxation. New bladder or bowel dysfunction or saddle numbness with back or leg symptoms warrants emergency assessment.

Online clinical note on pressure and observed movement

Selected sources

IPA Physio · Functional Manual Therapy and its three components
Institute of Physical Art · Proprioceptive neuromuscular facilitation chapter
Hodges et al. · Abdominal pressure and lumbar stiffness (2005)
Hahne, Keating & Wilson · Within- and between-session change (2004)
NHS Dudley Group · Back pain and emergency warning signs