

***P.M.T.***  
***Physical/Psychological  
Management Training***

*...helping people succeed*

**PMT TECHNIQUE VALIDATION GUIDE**

**Revision 2008**

## **PMT ASSOCIATES, INC.**

300 Plaza Middlesex  
Middletown, CT. 06457  
**(860) 347-1347**

### **PHYSICAL MANAGEMENT TRAINING**

**(Throughout this document reference will be made to the “Individual.” The individuals are the persons that receive services from the agency/district, etc.)**

#### **STANCES:**

1. Dominate (preferred) foot forward
2. Stand at approx. 45 degree angle to gain: Gives better balance, makes you less of a target
3. Keep your hands loose & natural and keep your knees slightly bent for greater flexibility and mobility.

#### **BLOCKS:**

##### UPWARD BLOCK:

1. Close hands to protect the fingers
2. Hold arm at the centerline of your body with your elbow at a 90-degree angle
3. Turn arm so palm is facing away from your body (More flesh on this side)
4. Move arm horizontally across your face and upper body as you move the arm into position. **(AVOID SWINGING AT THE UPSET PERSON'S STRIKE)**

##### INWARD BLOCK:

1. Keep hands closed to protect the fingers
2. Hold arm at the center of the body with the elbow bent at a 45 degree angle
3. Turn arm so palm is facing your body
4. Move arm horizontally across your face and upper body

OUTWARD BLOCK:

1. Keep hands closed to protect the fingers
2. Hold arm at the center of the body with elbow bent at a 90-degree angle
3. Move arm from the center of the body to the outside of the body on the side of the hand used in blocking

DOWNWARD BLOCK:

1. Close your hands to protect the fingers
2. Bend your arm slightly at the elbow
3. Move arm downward as a shield toward the ground. Keep your dominant Foot forward

UPWARD CROSS BLOCK:

1. Keep hands closed to protect the fingers
2. Raise your arms high enough to see under the block, with arms angled slightly away from the body
3. Cross your arms just above the wrists

DOWNWARD CROSS BLOCK:

1. Close both hands to protect the fingers
2. Cross arms just above the wrist
3. Hold upper arms downward in front of your body at a 45-degree angle
4. Hold your lower arms crossed in front of your body, blocking the groin area

**PARRYS:**

1. Hold hands in front of body
2. Pivot (turn/spin) to the side with your rear foot
3. As the punch/shove/grab comes toward you, meet the arm with both your open hands, and deflect the strike/grab past your body

## **RELEASES:**

### SINGLE WRIST RELEASE:

1. With a quick motion, move your wrist up and away from the grip in the direction of the individuals' thumb **(Make a motion similar to answering the phone).**

### DOUBLE WRIST RELEASE:

1. Make your hand that is grabbed into a fist
2. Grab onto this fist with your free hand
3. Take one step backward to the six o'clock position
4. Fold arms at elbows and quickly lift both hands to the side of your head

### SIDE HELD LOCK RELEASE:

1. Tuck your chin
2. Place your left hand between your head and the upset individual's body
3. Place your right hand under the individual's elbow
4. Bend forward at the waist
5. At the same time step backward while slipping individual's arm over your head

NOTE: **Procedure must be done quickly in order to be effective.**

### HAIR PULL:

1. Place hands (one on top of the other) over the hands of the Individual
2. Step forward toward the Individual with the foot, which is the opposite of the hand with which the Individual is pulling
3. Keep elbows high and apply light pressure with your right elbow or triceps to the Individual's elbow
4. Bend forward to keep the Individual off balance
5. Use your hands to release first the Individual's thumb and then the rest of his/her fingers

BITES:

1. Always push the part of your body which is being bitten toward the biter
2. Pinch Individual's nose closed with your free hand
3. Blow puff of air toward the individuals face
4. Cover the individuals eyes
5. Press the Masticator muscle

TWO HAND STRAIGHT FRONT CHOKE HOLD RELEASE:

1. Tuck your chin
2. Step back with your left foot to the six o'clock position
3. Raise both arms straight up over your head
4. Turn your body counterclockwise while you
5. Bring your arm down over the Individual's hands to release grip. Step & slide away.

TWO HAND REAR CHOKE HOLD:

1. Tuck your chin.
2. Step forward with your left foot to the eleven o'clock position.
3. Raise your arms straight up over your head.
4. Turn your body counterclockwise while you.
5. Bring your arm down over the Individual's hands (to release the grip).

**ESCORTS:**

**GUIDE ALONG:**

1. Stand on the Individual's right side, slightly behind him/her.
2. Hold the Individual's right wrist firmly with your right hand.
3. Hold Individual's right arm with your right hand slightly above the elbow.
4. Stand slightly away from the Individual and keep his arm close to his body.

**LOWER FIGURE FOUR: (Requires two staff)**

1. Start from the guide-along position, keeping your right hand on the Individual's right wrist
2. Release the Individual's elbow from your left hand and slide your hand forward between the Individual's right arm and the right side of his body
3. Reach your left hand over the Individual's arm and grasp your own right wrist
4. Place your left hip against the Individual's right hip holding him securely to your body

**CONTROLS:**

**LIMITED SECURITY HOLD:**

1. Stand behind the Individual
2. Grasp the Individual's left forearm on the outside with your left hand
3. Move the Individual's left arm across the front of his body
4. With your right hand reach under the Individual's right arm and around the front of his body
5. Grab the Individual's left wrist with your right hand
6. Move your left hand from the outside of the Individual's forearm through his elbow and grasp his forearm from the inside

7. Step back with your right leg and lean slightly backward
8. Hold the Individual securely against your right hip, holding his left arm tightly across the front of his body
9. Keep your head low and against the left side of the Individual's back

SECURITY HOLD:

1. Stand behind the Individual
2. Grasp the Individual's left forearm with your left hand
3. Move the Individual's left arm across the front of his body
4. Reach around to the front of the Individual's body with your right hand
5. Grab Individual's left wrist with your right hand and pull his arm securely against his body
6. Let go of the Individual's left forearm with your left hand
7. Reach around the Individual's body with your left hand and grab the Individual's right wrist
8. Bring the Individual's right forearm across the front of his body and secure his right forearm under his left elbow
9. Step back with your right foot and lean backward slightly
10. Hold Individual securely against your right hip with both his arms secured across the front of his body

## **SAFETY TAKE DOWNS**

Both the upset Individual and staff are highly vulnerable to injury when staff is required to initiate take-down procedures. When executed properly, a take-down should begin and end before the upset Individual has had time to realize what has occurred. When the same technique is executed with poor timing and poor coordination, it can result in a free-for-all, despite its excellent design.

What follows are a few tips for successful take-downs. The reader is reminded that seldom are real life situations so perfect that everything goes as planned. The following steps are meant to be used as points of reference to maximize safety. There are no guarantees that actual situations will go as smoothly as the one described. It is the responsibility of staff to ensure that only the amount of force necessary is ever used in any take-down or restraint procedure. It is also the responsibility of staff to accurately document any variations in the application of the prescribed techniques.

### **“Pointers For Take-downs”**

1. All take-down staff must function as a coordinated team.
2. Proper timing is essential by each staff member during each step of the take-down procedure.
3. Clear and calm communication during the actual procedure should be encouraged among staff (using brief sentences or pre-established code words or signals).
4. Whenever possible, safety precautions should be taken to minimize the impact of the Individual possibly falling, unassisted, as s/he is lowered to the floor (i.e., placing a pillow or mat under the Individual’s head).
5. All basic take-downs should begin by taking the Individual to the floor in a backward motion and then proceeding to floor restraint procedures as necessary.
6. Immobilize as many limbs as possible once the Individual is on the floor to avoid “Ground fighting.”
7. Staff must be particularly cognizant of their own sense of balance throughout a take-down.

**NOTE:** The following procedures are described as if the staff member’s dominant hand was his/her right. If your dominant hand is the left, reverse the procedure to reflect your position.

## **FLOOR CONTROL**

### **REVERSE CRADLE TAKE-DOWN:**

*(Two person technique is described for the right side and should be mirrored by your partner on the left side.)*

1. Approach the Individual from the right side of his body
2. Grab the Individual's right wrist with your left hand
3. Scoop your right arm under the Individual's right armpit
4. Bend your elbow to hold the Individual's extended right arm securely across your upper body
5. Step behind the Individual's right leg with your right leg
6. Step forward with your left foot while bending forward at the waist
7. Kneel down onto your left knee and lower the Individual to the mat
8. Bring your right knee down to the kneeling position and hold the Individual's body securely between the two staff
9. Move your right hand to the top of the Individual's arm near the shoulder, using both hands to secure the Individual's arm on the mat
10. Additional staff may be used to secure the Individual's legs

## **Reverse Cradle Take-Down** ( a two or more staff procedure)

**Note:** Directions are written to describe the actions of a staff person on the right-hand side of the Individual. Another staff person is required to mirror these steps on the left side of the Individual.

### **Step:**

1. In one smooth motion, grab the Individual's right wrist with your left hand and thread your right hand and arm under the Individual's armpit, so that you are facing to the rear of the Individual as you reach under the armpit.
2. Next, immediately step behind the Individual's right leg with your right leg.
2. Keeping the Individual's arm extended across your body, simultaneously take a step forward with your left foot and bend forward at the waist, causing the Individual to tilt backward toward the floor.
3. As you lower the Individual to the floor, take a step forward with your right leg to continue the descent of the Individual toward the floor. At the same time, kneel on the floor with your left knee. Try to keep the Individual's palm facing toward the floor to prevent scratching.
5. Once the Individual is on the floor, staff should use the following additional holding strategies.

### **Additional Staff:**

If needed, a third staff person could cross the Individual's legs at the ankle to prevent kicking. This would be accomplished by the staff person wrapping their arms around the Individual's ankles while at the same time sitting on their own side on the floor. ***At no time should staff apply direct pressure to the knees of the Individual or sit on the Individual.***

For those situations when the Individual tries to bite or spit at staff, the third person (or a fourth person) could control the Individual's head if kicking is not a problem. This procedure requires the particular staff to kneel on the floor with both knees, at the head of the Individual. The knees are used to control lateral head movement of the Individual. The knees should not clamp the head. Rather, they provide a cradling effect. While using the knees in this fashion, at the same time, the staff person would place their right palm onto the forehead of

the Individual (fingers facing to left) and place their left cupped bottom palm edge at the Individual's chin. ***At no time should the Individual's airway be restricted.*** Nor should staff use more force than is necessary to keep the Individual's head on the floor. An observational gage for staff to determine the proper placement of the chin controlling hand is by observing positioning of the staff fingers. Staff in this position should be able to see all five fingers of the hand when this technique is executed properly.

### **PMT FLOOR MANAGEMENT TECHNIQUES cont...**

The ***Face Up Back to Back Hold*** is to be used as part of a planned restraint procedure. Staff who are expected to use this technique should be in-serviced by a certified PMT In-house Instructor. While these holds may be viewed by some as more aversive than previous PMT techniques, they are designed as an alternative to the practice of face down restraint procedures.

The technique as described should be implemented while at least two staff are present and ***available***. As you read the descriptions, visualize yourself as the staff that will be on the right side of the client.

#### **Face Up Back to Back Hold (Supine position)**

1. Using the standard ***Reverse Cradle Takedown***, the client is placed on his back.
2. Both staff will sit back to back on the floor. Use your free arm, previously under the client's shoulder, to brace yourself on the floor as you sit down. (Be aware of client attempts to bite while doing this)
3. With your left hand, wrap the client's arm around your waste with their palms down. (Other staff will mirror this move on the opposite side)
4. Once you are sitting on the floor re-grip the client's arm with your right arm as well.
5. Using your left arm, grasp the client's leg under the knee and raise the leg toward staff's shoulder. Do this only if the client is kicking and has the flexibility to physically accommodate this type of position.
6. If staff are tall enough, only the left hand is needed to hold both the right leg and arm, thereby, freeing up the right hand to prevent biting and head banging. Staff will be sitting far enough away from the client face so that spitting, and other projectile behaviors deployed by the client, are less of a problem.

**NOTES:**

- It is not important for staffs' backs to actually be touching during this procedure. Depending on the size of staff and the relative size of the client, it may be impossible to actually have staffs' back touching. In such cases, the use of this technique may be contra-indicated.
- At no time should any staff body weight be placed directly on the client.
- This technique can also be initiated from the **Limited security Hold**. (Two staff present)
- Additional staff may be added to assist in holding either or the head/legs

**Remember: Take-downs and floor controls are to be used only as a last resort for staff to provide safety for the upset Individual and others. Take-downs or floor controls should never be used as punishment or as a means of retaliation or intimidation by staff.**